

Colon Cancer Check

TO AVOID SPECIMEN REJECTION YOU MUST:

1 Read and follow the instructions provided with the **green kit** test card.

2 On the test card write your name (*last, first and middle name*) **exactly as it appears** on your Ontario Health Insurance (OHIP) Card and on the laboratory requisition. All three names should match. Correct the name on the requisition if necessary.

3 On the test card write your date of birth in the following "year/month/day" format – YYYY/MM/DD e.g. "1947/05/25" for someone born on May 25, 1947.

4 Immediately before applying a sample of your stool to the card, write the date and time (YYYY/MM/DD HH:MM AM/PM) on the card flap.

5 Make a thin smear of specimen inside each flap when you lift.

6 Once all three samples are collected place test card inside FOIL envelope and seal.
Do NOT include the applicator sticks in the return envelope

7 Enclose the following in the pre-addressed, postage paid envelope:

- a** Sealed foil envelope containing completed test card; and
- b** Completed laboratory requisition form including your address. (See reverse side of this page to ensure the requisition is completely properly)

8 Seal the pre-addressed, postage-paid envelope, and drop it into any Canada Post/ Postes Canada mailbox OR hand deliver it to your health care provider's office or to a specimen collection centre of the laboratory who's name appears on the envelope.

DO NOT OPEN
CAUTION, Refer to Instruction Leaflet | Keep Away From Sunlight

Name: Smith Joe Michael
Last First Middle

Date Of Birth: 1958/02/05
YYYY / MM / DD

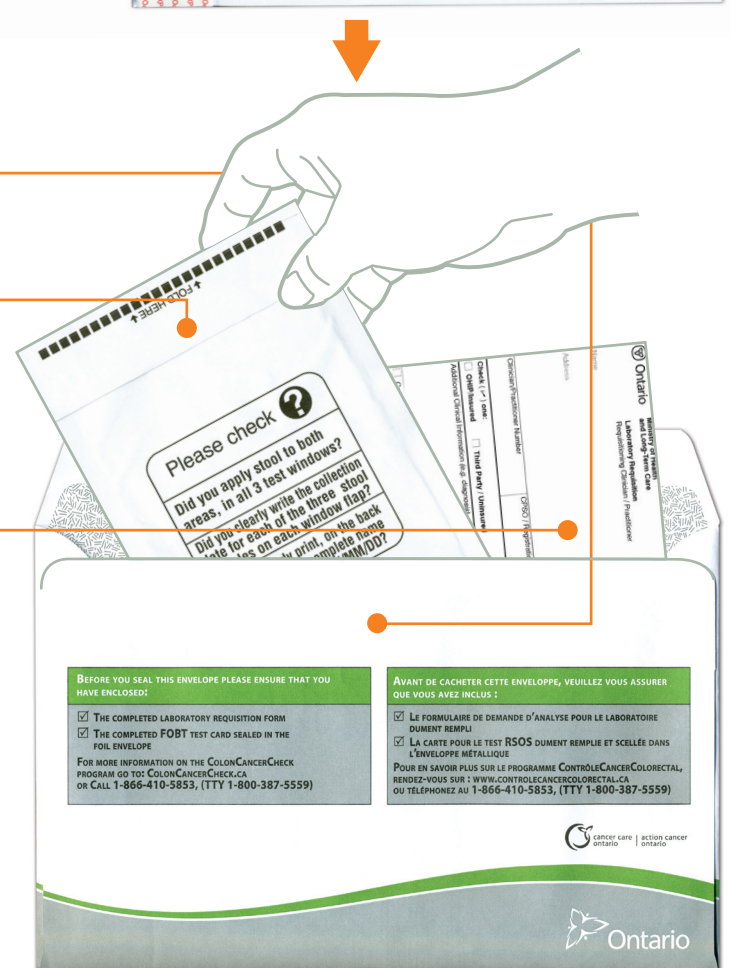
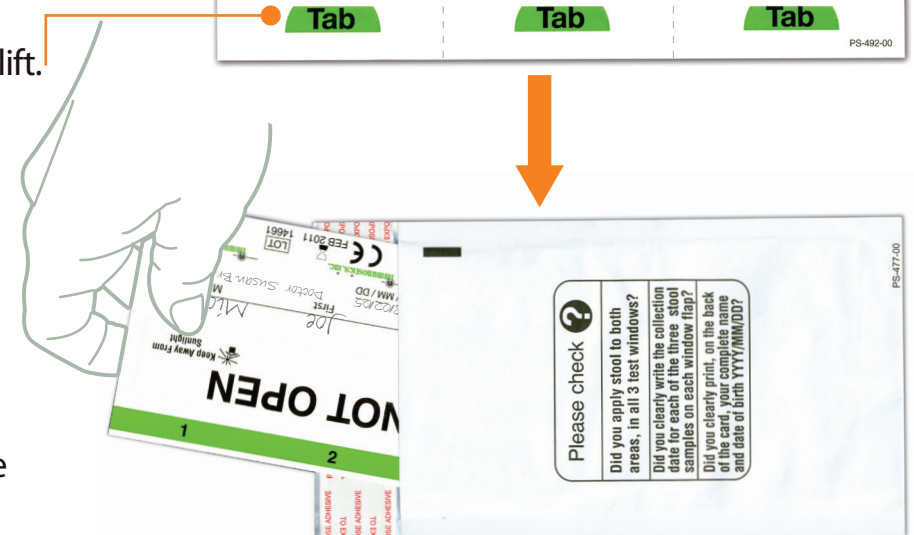
LOT 14661 | CE FEB 2011 | LOT 14661 | CE FEB 2011 | LOT 14661 | CE FEB 2011

hema-screen™
SLIDE TEST FOR FECAL OCCULT BLOOD WITH ON-SLIDE CONTROLS

Date Specimen Collected: <u>2008/03/07</u> YYYY / MM / DD	Date Specimen Collected: <u>2008/03/08</u> YYYY / MM / DD	Date Specimen Collected: <u>2008/03/09</u> YYYY / MM / DD
Time Specimen Collected: : : AM : : PM	Time Specimen Collected: : : AM : : PM	Time Specimen Collected: : : AM : : PM

TEAR BACK FOR INSTRUCTIONS | ↑ 1 ↑ | ↑ 2 ↑ | ↑ 3 ↑

Tab



Do NOT mail or deliver soiled envelopes. Contact your health care provider's office for further instructions.

For more information on the Colon Cancer Check program go to: ColonCancerCheck.ca or call: 1-866-410-5853, (TTY 1-800-387-5559)