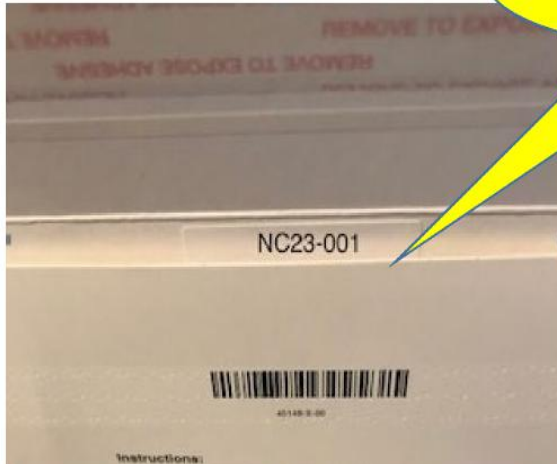


FIT Kit Labeling

Place Kit Label/Number on the kit.




Place Kit Label on the inside flap of the kit

Every individual request to receive a FIT kit should receive a Request Form with a Kit Label that matches the label on the Request Form. This ensures the lab is able to record results in the system for the correct individual.

Community FIT Kit Request Form for Men & Women 45-74

FIT #: **NC23-001**

 1. ALL QUESTIONS MUST BE ANSWERED. Please print clearly.
2. Read and sign.
3. Give the COMPLETED form to the kit provider and mail the completed test kit in the return envelope provided.

First Name	Middle Initial	Last Name	Maiden Name
Birthdate / /	Gender M / F	Address	
City	County	State	Zip
Day Phone ()	Evening Phone ()		
Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: Your health plan will not be billed for this test, nor will they be notified of your individual test results.)</i>	Have you ever been screened for colorectal cancer? <input type="checkbox"/> No <input type="checkbox"/> Yes, within last year <input type="checkbox"/> Yes, more than a year ago <input type="checkbox"/> I don't know		

Place matching sticker on FIT Request Form

Client will need to put their name, date of birth, and date stool sample was collected on the vial.

The vial is then wrapped with the included wrapping and placed in the envelope and sealed.

Envelope is already addressed and is prepaid.

FIT Processing Lab:

Lincoln-Lancaster Co. Health Department
Attn: Laboratory Services
3131 O Street Lincoln, NE 68510

