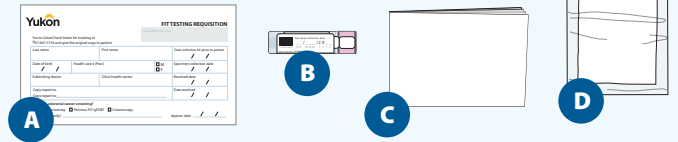


FIT Instructions

This FIT package includes:



1. Check

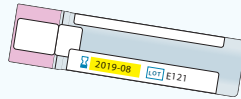
YUKON FIT TESTING REQUISITION

Fit to ColonCheck Yukon for tracking at 867-667-5497 and give the original copy to patient

Last name	First name	Date collection kit given to patient
Dated birth	Health Care # (PHN)	Specimen collection date
Submitting doctor	Clinic/health centre	Received date
Copy report to:		Date received

Previous colorectal cancer screening? None to screening Previous FIT/gFOBT Colonoscopy
 Other (specify) _____

Approx. date: / /



Date of birth
 Your name
 Your health card number
 Is your information correct? If not, make necessary changes.

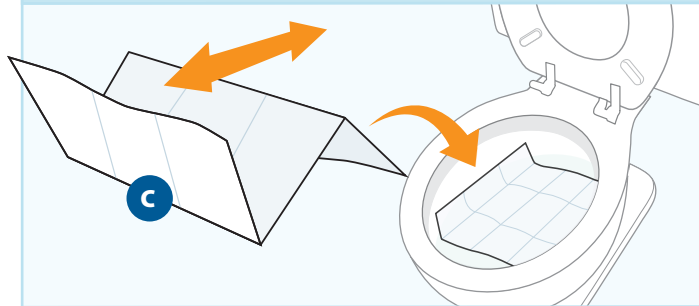
2. Write



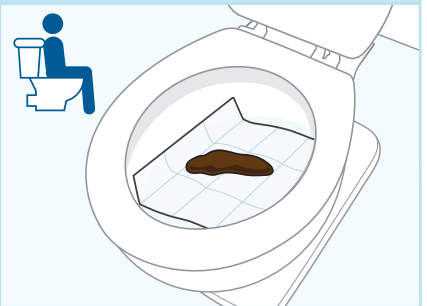
3. Pee and Flush



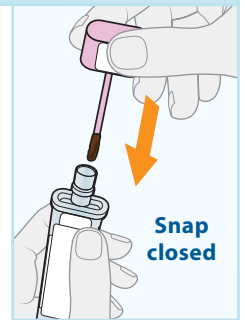
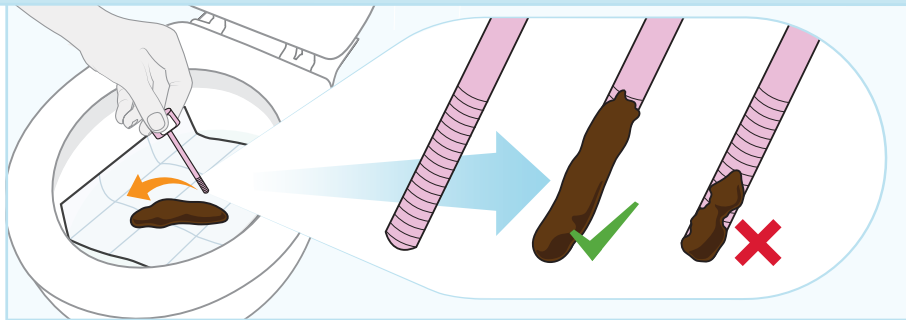
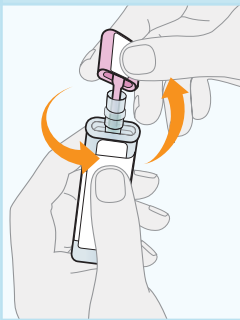
4. Prepare



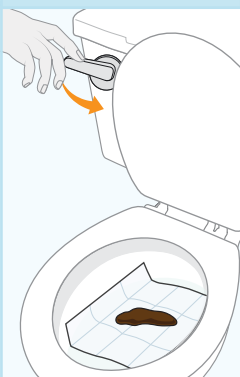
5. Poop



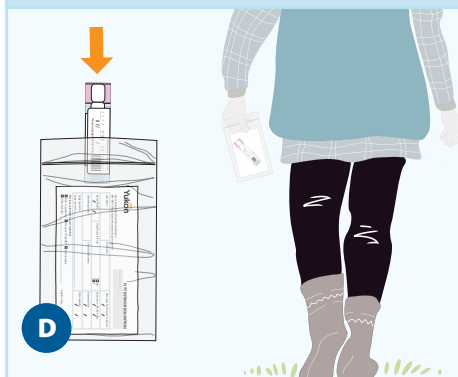
6. Collect



7. Flush



8. Drop off



Keep in the fridge until drop-off.



Questions?

Contact ColonCheck Yukon at 867-667-5497
 Toll-Free at 1-844-347-9856 or email coloncheck.yukon@gov.yk.ca

