


Step 1 for your screening: You have received a follow-up sheet that you must attach to your test.

Please check the information below, complete it and correct it if necessary

Last name:
First name:
Birth name:
Address:


«»
IDDOSSIERBARCODE

Date of birth:
Telephone:

Insurance :
Insured person's number:

General practitioner:

Date of delivery OR sending of the test:

«»
PHARMACIEBARCODE

Date of stool collection: --/--/----

AFFIX HERE
the barcode label
that is on the test

It is essential to write in ink your surname, first name and date of birth on the test tube

By signing::

- I declare that I have been informed of how screening works, its advantages and its limits;
- I authorise the transmission and exchange of my medical data between the professionals involved in screening, both by post and electronically, as well as the recording and archiving of my data by the screening centre. This data will remain confidential; I have the right to access and rectify my personal information at any time;
- I authorise the exchange of information between the doctor whose name I have indicated and the professionals working in the centre of the screening programme;
- I authorise the transmission of the results of additional examinations to the screening programme if the results of my screening examination require it;
- I authorise, in the event of a change of address, my file to be sent to the screening programme of my new canton of residence;
- I declare that I have been informed that my data, made anonymous, may be used for statistical purposes and to improve the quality of the programme.
- I understand that this examination is the subject of an invoice excluding excess, to the amount of CHF 46, which will be sent only to the insurance company, without a copy to the insured person, and that, if I wish, I can request a copy from the FGDC.

By ticking this box, I refuse the transmission of my personal health data to the Geneva Tumour Registry.

Date: --/--/---- Signature: _____

The "screening test" kit

- This manual
- A flat collection tube
- A stool collection sheet
- A plastic bag
- The test shipping envelope

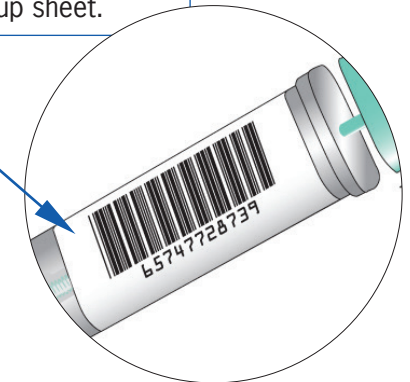
Important:

It is essential to indicate the date on which you carried out your test, otherwise it cannot be interpreted. It is also important to send it within 24 hours and to avoid posting it the day before public holidays. For pre-menopausal women: the test should be performed outside the menstrual period, ideally 2-3 days after the end of the period.

Check the accuracy of this information.

Note the date of the test.

Peel the label from the flat tube and affix it on the follow-up sheet.



Date and sign the notice of information and authorisation to process data.

Step 2 for your screening:

1 Write on the label of the flat tube your last name, first name, date of birth.



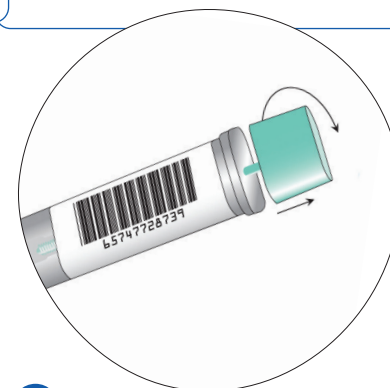
2 Urinate if necessary then stick the stool collection sheet to the toilet seat as shown in the drawing.



3 Induce a bowel movement (stool should not come into contact with urine or toilet water).

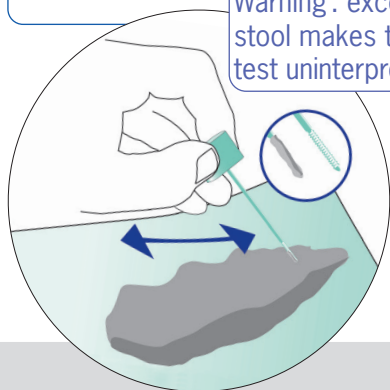


4 Open the flat tube by unscrewing delicately the turquoise cap: the sampling rod appears.

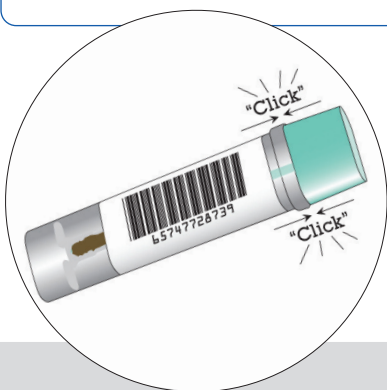


5 "Scrape" the stools in 5 to 6 different places with the turquoise rod. All furrows should be filled with stool.

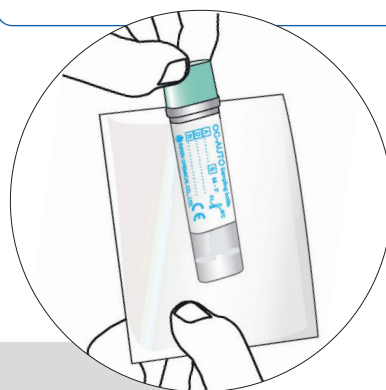
Warning: excess stool makes the test uninterpretable.



6 Put the rod back in the tube and close it. An audible click confirms that the tube is properly closed.



7 Shake the closed collection tube vigorously. Put it in the plastic bag, then in the shipping envelope.



8 Send the collection tube **and** the follow-up sheet to the analysis laboratory within 24 hours. Fast shipment guarantees better test reliability.

