

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:
 Date of birth: Telephone:
 Insurance: Insured person's number:
 General practitioner:
 Pharmacy:
 Test delivery date: ____/____/____

IMPORTANT, to be completed: 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, use and archiving of my medical data between the health professionals involved in the follow-up of my file within the framework of the screening programme, in electronic and/or paper form, in accordance with legal requirements applicable to data protection.
☒ I authorise the transmission of my screening results to the health professional (general practitioner or pharmacist) who performed my inclusion in the screening programme.
☒ I authorise the transmission of my medical data to the Neuchâtel and Jura Tumour Registry, in strict confidentiality and in accordance with medical secrecy.
☒ I consent to my data, made anonymous, being used for statistical purposes and continuous improvement of the quality of the screening programme.
☒ I authorise, in the event of a change of address, my complete file to be transmitted to the screening programme (if applicable) of my new canton of residence.
☒ I authorise the transmission to the screening programme of the results of any additional follow-up examinations carried out following my screening examination.
 This information will remain confidential. You can withdraw your consent at any time in writing, and request the modification of your personal data.
 I consent to this follow-up sheet, duly completed and signed, being archived in digital form. The paper version will therefore be scanned and then destroyed.
 Date: Signature:

The «screening test» kit

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

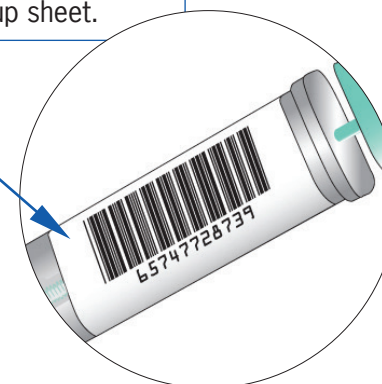
Important:

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:

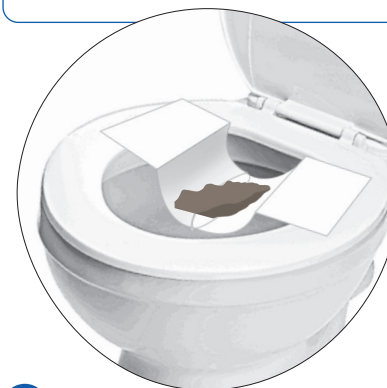
1 Write on the label of the flat tube your last name, first name, date of birth or affix a label if you have received an invitation letter.



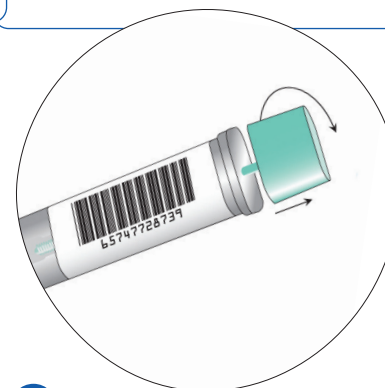
2 Urinate if necessary then stick the stool collection sheet to the toilet seat as shown in the drawing.



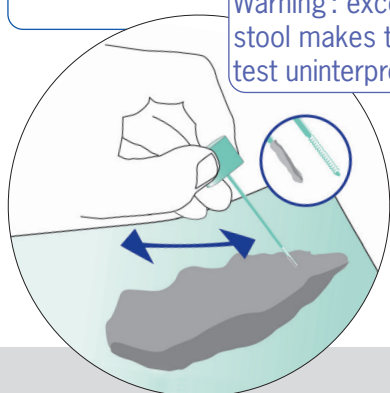
3 Induce a bowel movement (stool should not come into contact with urine or toilet water).



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

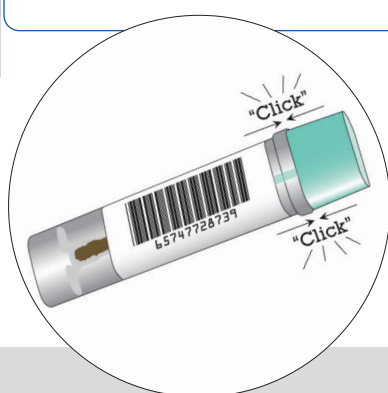


5 "Scrape" the stools in 5 to 6 different places with the turquoise rod. All furrows should be filled with stool.

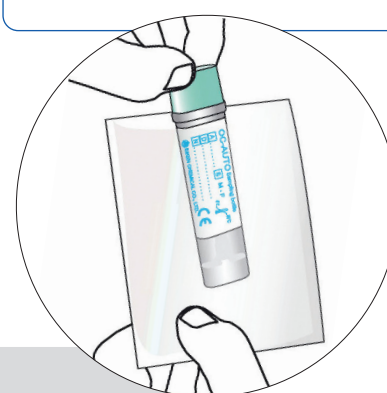


Warning: excess stool makes the test uninterpretable.

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.

