# **Client Information and Enrollment Form**

**In order to receive a FIT kit you must:**

 Be a Wyoming resident; Age 45-75

 Have not had colonoscopy in the last 10 years or had a stool test (FIT Kit/FOBT) in the last year

 Have no history of bleeding ulcers or hemorrhoids

 Have no current symptoms, including bleeding or blood in the stool

 Be a person of average risk

 Have no personal history of colorectal cancer or adenomatous polyps

 Have no personal history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease)

 Have no family history of colorectal cancer or polyps or a hereditary colorectal cancer syndrome such as familial adenomatous polyposis or Lynch syndrome (hereditary non-polyposis colon cancer)

**Facts about FIT kits:**

 The kit works by detecting small amounts of blood in the stool

 If done every year, they can help find polyps and cancer before they become a problem

 They are done at home and mailed into the lab

 If the FIT kit results are abnormal, you will likely need a colonoscopy

**How do I use the FIT kit?**

 Put the kit in the bathroom so it will be there when you need to use it

 Follow the directions included with your kit

 After you collect the sample, write the date the sample was collected on the collection vial baggy, place the sample and the bottom portion of this page in the pre-paid envelope and put it in the mail

The information provided below will be used by the Wyoming Public Health Lab to process your kit and to contact you with your results.  All screening information is kept confidential by the lab and program staff. For questions or to learn more about colorectal cancer or colorectal cancer screening services in Wyoming, please call 1-800-264-1296.

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| First Name | Last Name: | Gender: |
| Date of Birth: | Race/Ethnicity: | Primary Language: |
| Year of Prior Screening, if known: | Insurance Type (circle): Private/Medicaid/Medicare/None | |
| Mailing Address: | | |
| City: | Zip Code: | Telephone: |
| \*By accepting this FIT kit, you are acknowledging you will and are able to complete and return the sample in the pre-addressed postage-paid envelope enclosed within 30 days. There is no cost to you for completing the FIT kit. You will be provided reminders via mail or at the number listed above if the test is not completed within 3 months. Test results will be provided via letter or telephone call. | | |
| Signature: | | Date: |
| To be completed by clinic/agency/organization representative prior to release of kit: | | |
| **FIT Kit** #: **Kit provided by (clinic/agency/organization)**: | | |
| White copy: sent with client to include with sample to lab Yellow copy: clinic/agency/organization  Pink copy: Wyoming Cancer Program staff.  Fax form to 307-777-3765 or email to [wdh.cancerservices@wyo.gov](mailto:wdh.cancerservices@wyo.gov) | | |