

PARTICIPATION FORM

If you send the sample along with this participation form, you agree that the result will be sent to you and your GP/doctor, that this data will be stored and that it may (exclusively) be used in the context of the breast, cervical and colon cancer screening programmes and process evaluation.

POINTS FOR ATTENTION:

- * This form is personal and intended only for you.
- * A doctor's details are necessary to deliver the result.
- * Do not attach anything to this form.
- * Use a blue or black ballpoint pen.
- * Only participate with the test you have now received and with this participation form.
- * Utilisez des caractères d'imprimerie.
- * Please do not send any unused or empty tests.

Send this form along with the sample in the padded envelope. Otherwise, your stool cannot be examined.

The date you took the sample: - - * (* required field)

We have the following details about you:

YOUR TELEPHONE NUMBER:

YOUR E-MAIL:

YOUR GP:

* Are these correct? Then please do not write anything in the boxes below. Just enter the date above.

Your e-mail address is pre-printed in capital letters, but you do not have to change it to lower case.

* Are they missing or incorrect?

Then write ONLY the details you want to add or edit in CAPITAL LETTERS in the boxes below.

Your telephone number
(preferably mobile number):

Your e-mail:
@

Your GP/doctor's first name:

Your GP/doctor's surname:

Your GP/doctor's street name:

Your GP/doctor's house number:

Your GP/doctor's postcode:

THANK YOU FOR YOUR PARTICIPATION!

35139