CvKO CENTRUM VOOR KANKEROPSPORING

ANTWERPEN . BRUGGE . BRUSSEL . GENT . LEUVEN

Vlaanderen
is zorg

APPLICATION FORM

Complete the form and return it with your stool sample.
Otherwise your stool sample cannot be tested.

PLEASE NOTE:

- This form is personal and for you only.
- A doctor's address is needed to provide you with the results.
- Leave pre-printed information unchanged.
- Do not stick anything on this form.
- Use a blue or black biro.
- Complete the form in print.
- Use only the sampling kit you just received and this form.

Please return this form with the sample in the bubble envelope.

Date of sample collection: __ __ / __ __ / __ __ __ __

Phone number (preferably mobile): __ __ __ __ / __ __ __ __ __ __ __ __ __

E-mail adress:

@

By returning the sample with this form, you agree that the test result be communicated to you and to your doctor, that these data be filed and can (only) be used for this test purposes and the process evaluation.

ACCORDING TO OUR DATA, THIS IS YOUR GP:

If any information is missing or incorrect, please provide the correct details below (in PRINT).

GP's first name:

GP's surname:

GP's street:

GP's house number:

GP's postal code:

THANK YOU FOR JOINING THE PROGRAMME!

38719

Example

Dit is de vertaling Engels van "CVK17-003 DDK-AF-1709-E_hires" en bevat identiek dezelfde informatie als de Nederlandse tekst.
Deze vertaling mag enkel verspreid worden met de originele brontekst "CVK17-003 DDK-AF-1709-E_hires".