

IDENTIFICATION FORM



To be completed and sent with your stool sample

Step 1: I identify myself

I picked up my kit at a BIONEXT laboratory

I go directly to Step 2

I received my kit by mail

I stick the label from the accompanying letter here

I picked up my kit at the pharmacy

I fill in the following information

Birth name

First name

Social security number

Invitation number (Voucher ID)

I provide my contact details

Mandatory

Phone + _____ E-mail _____

I would like the test results to be sent to my doctor: Yes No

If yes, I provide my doctor's contact details

Last name

First name

Address

Step 2: I write down the test completion date

Mandatory

Date : ____ ____ 20____

