Fecal Occult Blood Test (FOBT) Patient Checklist

☐ Congratulations!
  • By taking an FOBT, you are helping to protect yourself against colorectal cancer (CRC), which is preventable, treatable and beatable!

☐ What Is A Fecal Occult Blood Test (FOBT)?
  • Checks for blood in fecal material (patient stools)
  • Early indication of gastrointestinal (GI) bleeding, polyps or colorectal cancer (CRC)

☐ Importance Of Colorectal Cancer (CRC) Screening
  • American Cancer Society promotes CRC screening for people 50+
  • 147,000 new cases of CRC every year
  • 56,000 deaths related to CRC annually – 2nd leading cause of cancer-related death
  • 41,000,000 Americans have not been screened for CRC

☐ Do It Even If You Are Feeling Fine
  • Colorectal cancer is a slow growing disease (6 – 10 years) that typically starts as a non-cancerous polyp
  • Frequently there are no symptoms or discomfort from polyps or early tumors
  • Up to 90% of cancer related deaths can be prevented if caught early

☐ Medication And Vitamin Restrictions
  • With an immunochemical FOBT (iFOBT) such as Hemoccult® ICT, there are no drug or vitamin restrictions for the patient to observe prior to and while taking an iFOBT

☐ Dietary Restrictions
  • There are no dietary restrictions to observe prior to and while taking an (iFOBT) such as Hemoccult® ICT

☐ Start Date Of Test

Over Please ☐
Fecal Occult Blood Test (FOBT) Patient Checklist

☐ **Importance Of 3-Day Stool Testing**
  - Polyps and cancers do not bleed every day
  - Blood may not appear throughout entire stool sample
  - Two stool samples taken over three consecutive days results in six samples. Clinical evidence has repeatedly demonstrated the effectiveness of the three-day, six-sample test as a tool in detecting CRC.

☐ **Review Procedure**
  - Just 5 minutes a day for 3 consecutive days – a small investment of time for your peace of mind and wellness
  - Write name on collection cards
  - Preparation of collection device
    – plastic wrap & tissue
  - Sample collection
  - Mailing/return process
  - Even if only 1 or 2 days – return cards

Agree to perform FOBT  Yes          No          Date: ______________________
Name of Patient ___________________ Patient Signature ___________________