

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 ↵

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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 _____

