This form cannot be filled in. Please fill in the form you were sent along with your invitation.

Reply form

Important: Use a black pen and write inside the boxes, otherwise we cannot process your form.

Tip: You can also fill in the form online.

DO YOU WANT TO PARTICIPATE?

1. Do you want to participate in the screening programme? Tick as appropriate:
   [-] Yes, I want to participate ➔ Go to question 2
   [-] No, I do not want to participate ➔ Go to question 5

ONLY COMPLETE THIS SECTION IF YOU WANT TO PARTICIPATE IN THE PROGRAMME

2. When did you carry out the sampling test? Fill in day, month and year.
   For example: fill in 5 February 2013 as 05-02-2013
   Day [-] Month [-] Year [-]

3. Who is your GP?
   Name of GP’s practice [-]
   Name of GP [-]
   Street and number of building [-]
   Your GP’s postcode [-]
   Your GP’s town or city [-]
   Your GP’s telephone number [-]

→ Continue on the back of the form
4. How can we reach you?  
Home telephone number []  
Mobile phone number []

You have now finished filling in the form. You do not need to sign it. In the section HOW TO SEND THE FORM at the bottom of the page you can read how to send the form and the sampling tube back to us.

ONLY COMPLETE THIS SECTION IF YOU DO NOT WANT TO PARTICIPATE IN THE PROGRAMME

5. Why do you not want to participate?  
Tick as appropriate:
- [] I don’t have the time or do not feel like taking part.  
- [] I cannot take part for medical reasons.  
- [] I have other reasons for not wanting to take part.

6. Would you like to participate in future?  
Tick as appropriate:
- [] I want to participate in future → Send the form back to us in the return envelope. You do not need to sign it.  
- [] I do not want to participate at all → Sign at number 7 below.

SIGNATURE

7. Your signature
You only have to sign the form if you do not want to participate now or in future.

Day Month Year  
[] []  
Your signature  
[]

HOW TO SEND THE FORM

If you are taking part
1. Put the completed form in the return envelope together with the sampling tube.  
2. Keep the envelope in the refrigerator until you are going to send it.  
3. Send the envelope on a day when the post is collected (i.e. not on Friday after 17.00, Saturday, Sunday or on a public holiday).

Important
If you have already sent back the sampling tube but you forgot to enclose the form, please send it to: Bevolkingsonderzoek Darmkanker, Antwoordnummer 1000, 3430 VH Nieuwegein. A postage stamp is not necessary.

If you are not taking part
1. Put the completed form in the return envelope and post it. A postage stamp is not necessary.  
2. You can throw away the sampling tube with your household waste.