

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

Reply form

Please note! Always use a pen with **black** ink and write in the boxes only. If a question is not applicable to your situation, you do not have to answer it. **Do not write any other comments or questions on the form. Otherwise we cannot process your form.**

Tip: You can also fill in this form online.

If you have any questions about the screening programme, please contact the screening organisation in your region.

DO YOU WANT TO PARTICIPATE?

1. Do you want to participate in the screening programme?

Please tick the applicable answer:

☐

Yes, I want to participate → Go to questions 2, 3 and 4

☐

No, I do not want to participate → Go to question 5

ONLY COMPLETE THIS SECTION IF YOU WOULD LIKE TO PARTICIPATE

2. When did you carry out the stool sample test?

We need to know this date in order to assess your test.

Fill in the day, month and year. For example: 5 January 2017 will be 05-01-2017

Day

Month

Year

3. Who is your family doctor (GP)?

If the result of the stool sample test indicates any reason for follow-up testing, we will inform your family doctor.

Name general practice

Name family doctor

Street name and house number of family doctor

Post code family doctor

City/town family doctor

Telephone number family doctor

4. How can we get in touch with you?

Home telephone number

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Mobile telephone number

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You have now finished filling in this form. You do not have to sign the form. The section HOW TO RETURN? below tells you how you can send us the form and the sample tube.

COMPLETE ONLY IF YOU DO NOT WANT TO PARTICIPATE

5. Why can't or won't you participate?

Please tick the applicable answer:

We will use your answer without mentioning your name; you will remain anonymous.

☐

I don't have the time or I do not feel like participating

☐

I cannot participate due to medical reasons

☐

I have other reasons for not participating

6. Would you like to participate in the future?

Please tick the applicable answer:

In two years, you will receive an invitation for the screening programme again. You cannot take part if you are 76 or over.

☐

I do not want to participate at this time, but I may want to participate in the future → *Send the form in the reply envelope. You do not have to sign the form.*

☐

I do not want to participate at all in the future → *Sign at question 7*

SIGNATURE

7. Your signature

You only have to sign the form if you do not want to participate now and at any time in the future.

Day

--	--

Month

--	--

Year

--	--

Your signature

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HOW TO RETURN?

If you are participating

1. Put this completed form in the return envelope, together with the sample tube.
2. Store the envelope in the refrigerator until you mail it.
3. You should send the envelope on a day that the mail box in your area is emptied. So not on Fridays after 5 pm, on Saturdays, Sundays or holidays.

Please note!

Did you already return the tube, but forgot this form?
Please send your form to:

Bevolkingsonderzoek Darmkanker, Antwoordnummer
1000, 3430 VH Nieuwegein. No stamp required.

If you are not participating

1. Put the completed form in the return envelope and mail it. No stamp required.
 2. You can dispose of the tube in your garbage bin.
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