**FIT**

1. **B**. Review

   ✔️ Date of birth: 15/NOV/1963
   ✔️ Name: John Smith

2. **A**. Enter your date of birth and name on the FIT tube. If they are not on the tube or if they are wrong, call 1-833-676-1426.

3. **C**. Pour stool and seal the cap.

4. **D**. Check that your name and date of birth are on the FIT tube. If they are not on the tube or if they are wrong, call 1-833-676-1426.

5. **E**. Return your completed test as soon as possible. It is best to mail it or drop it off within 2 days.

6. **F**. Visit locations.lifelabs.com for drop-off locations and hours. If you live on a First Nation reserve, contact your health centre or nursing station to find out drop-off locations.

7. **G**. Check that your day, month, and year are correct.

8. **H**. Close the envelope in the postbox. The test must be received within 2 days.

---

**Ontario Health (Cancer Care Ontario)**

For more information, visit locations.lifelabs.com or contact info@ontariohealth.ca.

---

For more information, visit locations.lifelabs.com or contact info@ontariohealth.ca.