



Colorectal Cancer Health Check Program

Sign up for free colorectal cancer screening test kits. Kits can be requested from **Phelps Memorial Health Center March 22 through April 2, 2010.**

Kits will be mailed out to those requesting them. Kits must be completed and mailed back to Good Samaritan Health Systems no later than April 30th.

Cancer of the colon or rectum is called colorectal cancer.

Colorectal cancer has been documented as the third most common malignancy worldwide and the leading cause of cancer deaths of both men and women in the United States.

The American Cancer Society recommends that adults at average risk should begin screening for colorectal cancer at age 50. The risk of colorectal cancer begins to increase after the age of 40 and rises sharply at ages 50 to 55; the risk doubles with each succeeding decade. Individuals at risk (family history, etc.) should begin screening earlier as recommended by their physician.

One method of screening is annual testing for blood in the stool. Phelps Memorial Health Center, Good Samaritan Health Systems and several other hospitals are collaborating to provide colorectal cancer screening free of charge in recognition of Colorectal Cancer Awareness Month.

The test can be performed in the privacy of each person's home by obtaining the test kit from **Phelps Memorial Health Center** and following the specific instructions included in the kit. You must return the completed kit to Good Samaritan Health Systems using the provided envelope. It is very important that the person that obtains the kit is the only one that uses it. PMHC will assign a number and a name to each kit. The number and name associated with that kit will be used for records.

Tests will be completed by the Laboratory Department at Good Samaritan Health Systems. You will be informed of the results within two weeks of the testing. If the test is positive, you will receive the results by a certified letter. This lets us know that you have received the results. The results will also be sent to the physician that you identified on the kit order form.

You must have your information requesting kits to PMHC by April 2, 2010.

The form below is the information that is needed when you request a kit. You can mail, fax or e-mail this information to:

Fax: 995-3234

e-mail: caphilips@phelpsmemorial.com

Questions can be directed to 995-2211.

Kits will be mailed out on April 5, 2010.

Your completed kit should be mailed as soon as possible to Good Samaritan Health Systems, and no later than April 30, 2010.

TO ORDER A COLORECTAL HEALTH CHECK KIT, FILL OUT THIS FORM (PRINT PLAINLY) AND SEND TO:	
COLORECTAL HEALTH CHECK ATTN: CLAUDIA PHILIPS PHELPS MEMORIAL HEALTH CENTER 1215 TIBBALS STREET HOLDREGE, NEBRASKA 68949	
NAME _____	
AGE _____	SEX _____
MAILING ADDRESS _____	
CITY _____	STATE _____
ZIP CODE _____	
TELEPHONE NUMBER _____	
DOCTOR'S NAME _____	
DOCTOR'S TOWN _____	
ETHNICITY H-Hispanic/Latino N-Not Hispanic/Latino	RACE W-White, B-Black/African American A-Asian, I-American Indian, H-Hawaiian