



FOBT Order Form

Bowel cancer - early detection is the best protection

Bowel cancer kills more than 70 people in Australia every week and is the second biggest cancer killer, after lung cancer. However, if detected early, 90% of bowel cancers can be cured.

If you are 50 or over, Cancer Council recommends you screen for bowel cancer every two years using a simple, at-home test called a faecal occult blood test (FOBT). Regular screening is important because bowel cancer can develop without noticeable symptoms. The FOBT looks for tiny amounts of blood in the bowel motion that may not be visible, but could be a sign of bowel cancer.

FOBTs are not suitable for everyone. If you have signs or symptoms such as blood after a bowel motion, a persistent change in bowel habits, unexplained tiredness, abdominal pain or the feeling of the bowel not emptying completely; or if you are concerned about a strong family history of bowel cancer, see your doctor.

The FOBT you are ordering is called InSure and will be sent to you by Enterix Australia within a fortnight of receiving your order. The InSure FOBT is done at home then posted to the Enterix laboratory for analysis. You will receive detailed instructions on how to complete the FOBT. There is no faecal handling and no medical or dietary restrictions with this test. For further queries about your test, contact Enterix on 1800 55 65 75.

Men and women turning 50, 55 or 65 will receive a free FOBT through the National Bowel Cancer Screening Program.

The InSure FOBT costs \$30 (or \$22 for pensioners or health care card holders). To order, complete the form below and return with the required payment to:

**InSure Early Detection Program
Locked Bag 2079
North Ryde NSW 1671**

**Email: info@enterix.com.au
Fax: 02 9889 5211**

Name _____ Date of birth _____

Address _____

State _____ Postcode _____ Daytime phone number _____

FOBT instructions required in: English Greek Vietnamese

Number of tests required (tick box): 1 2

Cost per kit: \$30 \$22 (pensioners and Health Care Card holders)

Pension or health care card number _____

Please tick if applicable: enclosed cheque or money order

Credit card type: Visa Mastercard

Name on the card _____

Card number ____ / ____ / ____ / ____

Card expiry ____ / ____

Alternatively, to order your FOBT online visit www.cancervic.org.au/boweltest