# ColoTect

Non-invasive Detection of Colorectal Cancer

# Test Request Form for CRC Early Detection

DX-OTP-S18 V11.0
Issued on April 2021

*Please enter in all mandatory information marked with asterisk (*) clearly, in BLOCK CAPITALS. Illegible forms may cause test delay. If a box is left unchecked in the form, the test form will be invalidated and the test cannot be conducted. Incorrect information may result in test delay, incorrect results, test failure, or test invalidation. BGI takes no responsibility for any issues caused by incorrect information being submitted. Please ensure the test request form is enclosed with the sample(s) when shipped. Retain a copy for your records.*

ColoTect barcode

## Referring information:

Healthcare Provider: .....

E-mail: .....

Doctor´s signature: .....

Institution: Zentya a.s.
Address: Grösslingova 4
811 09 Bratislava, Slovakia
Email: colotect@zentya.sk
Telephone: +421 915 842 336

## Testee information:

**Name*:** ..... **Gender*:** ☐ Male ☐ Female

**Date of birth (dd/mm/rrrr)*:** ..... Email: .....

Address: ..... Telephone: .....

**Subject*:** ☐ Phenotype normal ☐ Patient with tumors ☐ Non-tumorous patient with other diseases

**History of tumor*:** ☐ No ☐ Yes → Age of onset: _____ years. Clinical diagnosis: .....

**History of other disease*:** ☐ No ☐ Yes → Age of onset: _____ years. Clinical diagnosis: .....

**Family of other disease*:** ☐ No ☐ Yes → Family relationship: .....

**Fecal occult blood test*:** ☐ No ☐ Negative ☐ Positive

**Tumor biomarker testing result*:** ☐ No ☐ Negative ☐ Positive

## Test information:

**Sample type*:** ☒ Stool

**Shipping conditions*:** ☒ Room temperature ☐ Ice Pack ☐ Dry Ice

**Testing Items*:** ☒ Sentis ColoTect CRC Screening (HW2128)

**Sample Collection Date (dd/mm/yyyy)*:** .....

**Sample Send-out Date (dd/mm/yyyy)*:** .....

## Risk factor

**Symptom presentation (Multi-Choice):**

☐ Chronic constipation (>2 months per year in last 2 years)

☐ Chronic diarrhea (>3 months cumulatively in last 2 years, with each episode lasting more than 1 week)

☐ Mucus and blood in stool ☐ Incomplete stool ☐ Unexplained anemia ☐ Weakness and weight loss

☐ Abdominal pain and bowel sounds before defecation, relieved after defecation

**High Risk Factors (Multi-Choice):**

☐ Family history of gastrointestinal tumors ☐ Chronic ulcerative colitis ☐ Crohn's disease

☐ History of colorectal polyps ☐ History of chronic appendicitis or appendectomy

☐ History of chronic biliary disease or cholecystectomy ☐ Hemosiderosis

☐ Chronic intake of red meat and processed meat ☐ Chronic smoking ☐ Chronic alcohol abuse

☐ Overweight or obesity ☐ Type 2 diabetes ☐ Chronic stress, anxiety, depression, and other adverse emotions

*** Information Required**