

**McLaren Print System Order**

**Order No: 82300**  
**Order Date: 2024-01-12**  
**User: Laura Love**  
**Phone: 989-894-3936**

**Ship Location: East Medical Mall Attn: Laura Love**  
**1454 W. Center Road**  
**Essexville, MI 48732**

**Forms**

**Quantity: 500**  
**Paragon Dept No: 79029**  
**Dept Name: Community Health Services**  
**Company Number: 210**

**Order Total Price: 248.50**

**Item Number: B-85**  
**Item Description: CRC Screening Consent Form**  
**Revision Date: 1/2021**  
**Print: 1 sided full color**  
**Paper: 3 Part (White, Yellow, Pink)**  
**Size: 8.5 x 11**  
**Fold:**  
**Finish: None**  
**Drill: None**  
**Poster:**  
**Misc Info: ss; color; 3 part**



**COLORECTAL CANCER SCREENING  
CONSENT FORM**

*"Please Note: This form must be completed, signed, and returned with kit for test to be processed"*

Name \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_  
City State Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email \_\_\_\_\_ Sex M F Race \_\_\_\_\_  
Do you have health insurance? Y N  
Would you like your name and address added to our mailing list? Y N  
If yes, do you prefer to receive this information via email or postal mail? \_\_\_\_\_  
How did you hear about this screening? \_\_\_\_\_  
Primary Care Physician Name: \_\_\_\_\_  
Primary Care Physician Address: \_\_\_\_\_

I agree to voluntarily participate in the McLaren Colorectal Cancer Early Detection and Education Program. I understand this program will only screen for blood in the stool specimens provided and does not constitute a complete medical exam or diagnosis. I also understand that no screening or test is completely accurate in the detection of disease. For a diagnosis of a medical problem, I must see a physician/healthcare provider for a complete medical exam. If I do not have a personal physician, a list will be provided to me upon request.

I hereby release McLaren, Karmanos Cancer Institute, their employees, agents, volunteers and any other persons or organizations involved in this program from any claims or liabilities or expenses arising from my participation in these screening services or subsequent care, as well as any injury sustained in this event.

**Spec. Info:**

**Confidential Information:** The results of this screening exam will be released to me and the confidentiality of the data will be maintained within legal limits. This information may be used in the future for statistical evaluation and scientific literature; however, I will not be individually identified in any recognizable way. I also allow the staff of McLaren, Karmanos Cancer Institute or its hospital affiliates to contact me at a later date to obtain follow-up information regarding this screening exam.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_