

# IDENTIFICATION DOCUMENT

Please, fill this document with CAPITAL letters.  
In case of missing information we won't be able to analyse your test.

Reserved

## PATIENT'S IDENTIFICATION

Paste here a vignette of  
your Belgian health insurance

### Number of the Belgian National Register

*Number on the back of your Belgian identity card*

\_\_\_\_\_

Realisation date of the test : \_\_\_\_/\_\_\_\_/\_\_\_\_

Lastname : .....

Firstname : .....

Address : .....

Postcode : \_\_\_\_\_ Town : .....

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender :  Male  Female

I hereby mark my consent for the registration, tracking and treatment of my personal data anonymously within the Colorectal Cancer Screening Program.

The personal data are kept in a database subject to the law of 08/12/1992 regarding the protection of private life. You can find more information on this at [www.ccref.org](http://www.ccref.org), at your doctor or by request at the CCR non-profit organization.

Signature preceded by the words "For Agreement" : ..... Date : .....

## MEDICAL DOCTOR'S IDENTIFICATION FOR RESULT SENDING

Lastname : Doctor .....

Firstname : .....

Address : .....

Postcode : \_\_\_\_\_ Town : .....