



• Colorectal Health (FIT) Test
FIT Kit Order Form

* Required

Please email the completed form to athomekitting@lifelabs.com.

New Clients: Please register with LifeLabs by going to www.lifelabs.com/launchpad/signup

1. Today's Date (yyyy/mm/dd)*

2. Kit Quantity*

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

3. Client ID Number*

(Don't have a Client ID Number? Please visit www.lifelabs.com/launchpad/signup to sign up with LifeLabs)

4. Client Name*

5. Clinic Name

6. Client Office Contact Name*

7. Phone Number*

8. Email*

9. Clinic/Client Registered Address*