



Colorectal Health (FIT) Test Kit Order Form

* Required

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

New Clients: To register with LifeLabs and obtain your Client ID/ND Contract Number, please contact us at www.lifelabs.com/contact-us

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

2. Kit Quantity*

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

3. Client ID/ND Contract Number*

Don't have a Client ID/ND Contract Number? Contact us at www.lifelabs.com/contact-us

Note: Don't have a launchpad account? Please visit www.lifelabs.com/launchpad/signup to sign up

4. Client Name*

5. Clinic Name

6. Client Office Contact Name*

7. Phone Number*

8. Email*

9. Clinic/Client Registered Address*