

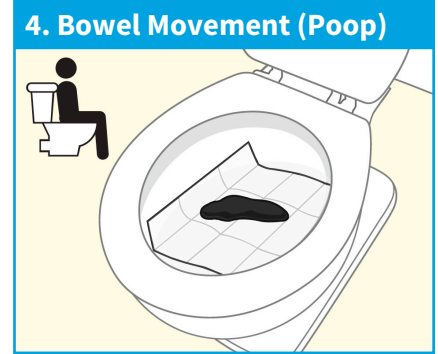
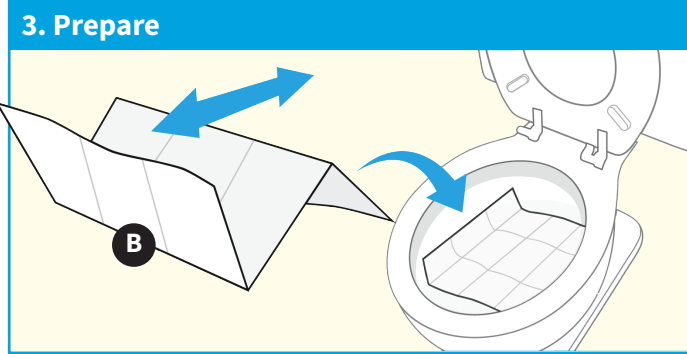
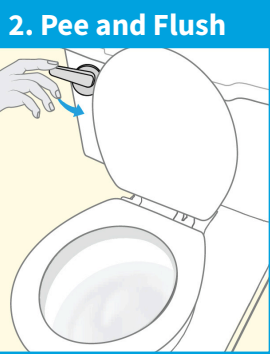
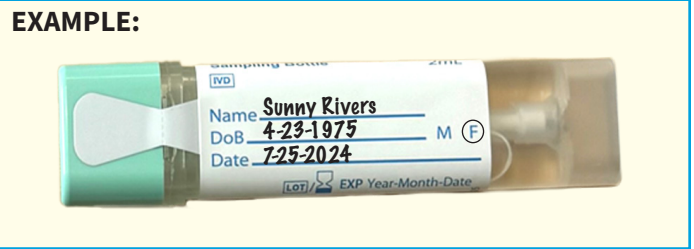
Sun River Health

FIT Instructions

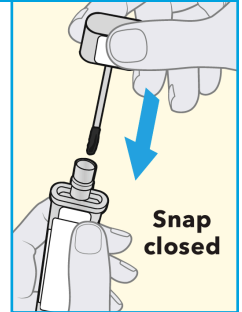
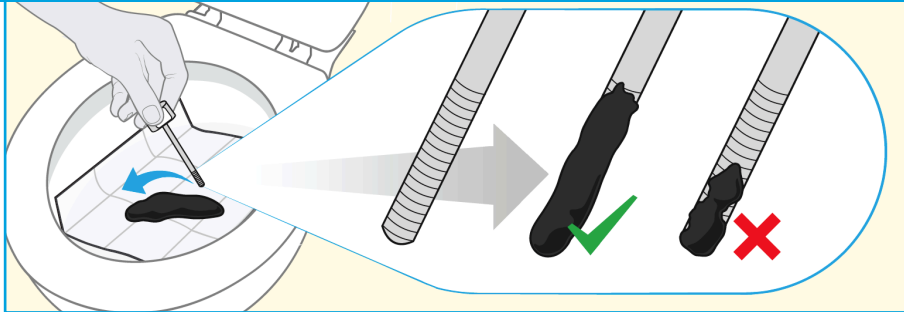
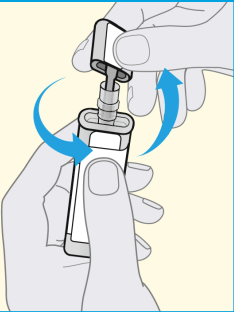
This FIT package includes:



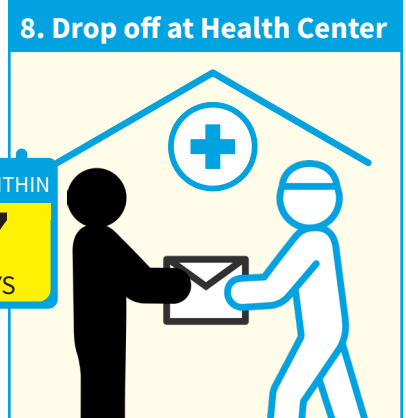
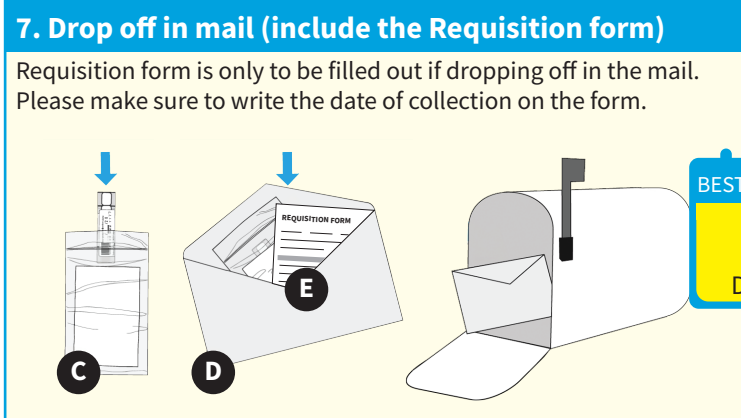
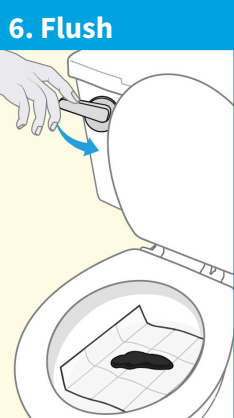
1. Very Important: Make sure the correct Name and date of birth are on the tube. Write the date you take the sample on the tube or we may not be able to test it.



5. Collect



Please **choose** between the following options. (Steps 7 OR 8)



BEST WITHIN
7
DAYS