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| **REQUEST FORM TO BE COMPLETED BY GP**  **FAECAL IMMUNOCHEMICAL TEST (FIT) FOR OCCULT BLOOD** | | | | | | | | | | | | | | | | | |
| **USE BLOCK LETTERS & BALL POINT PEN** | Date issued to patient: | | If preferred use an addressograph label  NHS NO: | | | | | | | | | | | | | | |
| **FIT Testing Indications** | | | SURNAME: | | | | | | | | | | | | | | |
| This test is **not appropriate** in patients with abdominal or rectal mass, rectal bleeding, anal ulceration or if they are age ≥60 y with iron deficiency anaemia. These patients should be **referred without a FIT** test via LGI 2WW according to their symptoms  **FIT TEST – For people (excluding the above) who have symptoms that could suggest colorectal cancer**   * Weight loss, abdominal pain, change in bowel habit (age ≥40 y) **🞏** * Iron deficiency anaemia (age <60 y) or a non-iron deficiency **🞏**   anaemia (age ≥60 y)   * **Change in bowel habit or other symptoms that could be caused 🞏**   **by colorectal cancer but are low risk (age** ≥18 y) | | | FORENAME(S): | | | | | | | | | | | | | | |
| MALE 🞏  FEMALE 🞏 | | | | Date  of  Birth | | | DD | | MM | | | YY | | |
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| **Patients are advised to do the sample test immediately.** Cancer diagnosed sooner is more successfully treated.  For patients with a positive result, further investigations for **possible** cancer will usually be recommended.  A negative test means that you have a low risk of cancer, but **if your symptoms persist please contact your Doctor.** | | | | | | | | | | | | | | |
| REQUESTED BY: | | | | | | | | | | | | | | |
| PRACTICE NAME: | | | | | | | | | | | | | | |
| Pathology Sciences Laboratory  Southmead Hospital  Bristol BS10 5NB  **Tel:** 0117 414 8424  **Email:** [Nbn-tr.nbtfit@nhs.net](mailto:Nbn-tr.nbtfit@nhs.net)  **Website:** [www.nbt.nhs.uk/FIT\_testing](http://www.nbt.nhs.uk/FIT_testing) | |  | PRACTICE CODE: | | | | | | | | | | | | | | |
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