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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 labelNHS 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 **Website:** [www.nbt.nhs.uk/FIT\_testing](http://www.nbt.nhs.uk/FIT_testing) |  | PRACTICE CODE: |
| L | L |  |  |  |  |  |  |  |  |  |  |
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