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.				FORENAME(S):							
				MALE Date of DD MM						YY	
				LE		Birth					
FIT TEST – For people (excluding the above) who				Patients are advised to do the sample test immediately. Cancer diagnosed sooner is more successfully treated.							
have symptoms that could suggest colorectal cancer				For patients with a positive result, further investigations for							
 Weight loss, abdominal pain, change in bowel habit (age ≥40 y) 			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.							
• Iron deficiency anaemia (age <60 y) or a non-iron deficiency anaemia (age ≥ 60 y)			but if your symptoms persist please contact your Doctor.								
				REQUESTED BY:							
 Change in bowel habit or other symptoms that could be caused by colorectal cancer but are low risk (age ≥18 y) 			PRACTICE NAME:								
			PRACTICE CODE:								
Pathology Sciences Labora Southmead Hospital	atory		L								
Bristol BS10 5NB		NHS									
Tel: 0117 414 8424 Email: Nbn-tr.nbtfit@r	uhs net	North Bristol	J								
Website: www.nbt.nhs.uk/FIT_testing		NHS Trust									