

REQUEST FORM TO BE COMPLETED BY GP

FAECAL IMMUNOCHEMICAL TEST (FIT) FOR OCCULT BLOOD

USE BLOCK LETTERS & BALL POINT PEN	Date issued to patient:	NHS NO:										
SPECIMEN: Faecal Sample		SURNAME:										
<u>INDICATIONS - MUST BE COMPLETED</u> <u>A REQUEST WITH NO INDICATIONS OR</u> <u>FROM PATIENTS <50 YEARS WILL NOT BE PROCESSED</u>		FORENAME(S):										
For use in people who have symptoms that could suggest colorectal cancer, but in whom a diagnosis of cancer is unlikely.		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> MALE <input type="checkbox"/> </td> <td style="width: 10%; padding: 5px;">Date</td> <td style="width: 10%; padding: 5px;">DD</td> <td style="width: 10%; padding: 5px;">MM</td> <td style="width: 10%; padding: 5px;">YY</td> </tr> <tr> <td style="padding: 5px;"> FEMALE <input type="checkbox"/> </td> <td style="padding: 5px;">of</td> <td style="padding: 5px;">Birth</td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10%;"></td> <td style="border-left: 1px solid black; border-right: 1px solid black; width: 10%;"></td> </tr> </table>	MALE <input type="checkbox"/>	Date	DD	MM	YY	FEMALE <input type="checkbox"/>	of	Birth		
MALE <input type="checkbox"/>	Date	DD	MM	YY								
FEMALE <input type="checkbox"/>	of	Birth										
Clinical indications defined by NICE in patients without rectal bleeding:		If preferred use an addressograph label										
Aged over 50 with: unexplained abdominal pain or weight loss <input type="checkbox"/>		REQUESTED BY:										
Aged 50 - 60 with: changes in bowel habit or iron deficiency anaemia <input type="checkbox"/>												
Aged 60 or over and have anaemia without iron deficiency <input type="checkbox"/>												
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	Practice Details (Code and Address)											
												