Hull and East Yorkshire Hospitals NHS Trust

FIT Request Form

Please complete this form to request the Faecal Immunochemical Test (FIT), which measures human haemoglobin in faeces.

This testing must be in line with the groups of patients for “faecal occult blood” analysis as specified in Section 1.3.4 of NICE guidance NG-12 (see over). Also see https://www.nice.org.uk/guidance/ng12/chapter/1-Recommendations-organised-by-site-of-cancer#lower-gastrointestinal-tract-cancers

Surgery:.........................  Date of Collection

Patient details  --/--/--

[Pleae attach Label] ........................

Requesting GP:...............  Signature of clinician

Give the predominant symptom - tick one box that pertains best to the patient’s symptoms:

- Over 50 with unexplained abdominal pain  □ FIT1
- Over 50 with unexplained weight loss  □ FIT2
- Under 60 with changes in bowel habit  □ FIT3
- Under 60 with iron deficiency anaemia  □ FIT4
- Over 60 with anaemia, even in the absence of iron deficiency  □ FIT5

For all patients, please complete this paper FIT request form and send the original, or copy, to: Blood Sciences, Hull Royal Infirmary, FAO Ian Hanning. This will allow identification of any patients who do not return the test.

Then either: Request the test through CyberLab Group Panels using the code FIT NICE guideline and from Extra Information select the correct code FIT1-FIT5, according to the predominant symptom (see above). Generate label, stick it on the device (lengthways) and give the device to the patient together with the instructions for collection and return of samples.

Or: Request the test through WebOrdering. From List 2 select FIT NG12, then select the predominant symptom from list FIT1-FIT5 (see above). Generate label, stick it on the device (lengthways) and give the device to the patient together with the instructions for collection and return of samples.

Or: Write the patient details on the collection device and give the device and the request form to the patient, together with the instructions for collection and return of samples.

The patient should return the sample collection device to the GP Surgery in the envelope provided within 48 hours of collecting the sample.

Please direct any enquiries to: FIT@hey.nhs.uk

Owner: Ian Hanning
Approver: Rachel Wilmot

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