

Hull & East Yorkshire Hospitals NHS Trust Clinical Biochemistry Department Form BI/F251

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:.....	Patient details	Date of Collection --/--/--
	[Please attach Label]
Requesting GP:.....		Signature of clinician

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

- | | | |
|-----------|--|-------------------------------|
| <u>OR</u> | Over 50 with unexplained abdominal pain | <input type="checkbox"/> FIT1 |
| <u>OR</u> | Over 50 with unexplained weight loss | <input type="checkbox"/> FIT2 |
| <u>OR</u> | Under 60 with changes in bowel habit | <input type="checkbox"/> FIT3 |
| <u>OR</u> | Under 60 with iron deficiency anaemia | <input type="checkbox"/> FIT4 |
| <u>OR</u> | Over 60 with anaemia, even in the absence of iron deficiency | <input type="checkbox"/> 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