

## Faecal Immunochemical Testing (FIT)

Information for Treatment Room staff handing over a FIT sample collection device to patients

**DO NOT USE or return THE GREEN OUTER BAG**  
**PLEASE ENSURE that relevant information is completed on the BIOCHEMISTRY FORM**

### Step 1: BIOCHEMISTRY FORM

- ✓ Get a biochemistry request form (this may look different depending on Trust area)
- ✓ Stick an addressograph on the form.
- ✓ Fill in the consultant / ward code
- ✓ Fill in the test request as QFIT

**IMPORTANT: DO NOT FILL IN THE SAMPLE DATE BOX**

**CLINICAL BIOCHEMISTRY**

HSC and Social Care Trust **A 2.0**

CLINICAL INDICATION FOR REQUEST

RELEVANT MEDICATION

DATE OF BIRTH: DD MM YYYY SEX: M F

ADDRESS (first line)

CONSULTANT GP CYPHER

WARD / PRACTICE CODE

FASTING:  YES  NO

PRIVATE PATIENT:  YES  NO

LMP - REPRODUCTIVE HORMONE REQUESTS: DD MM YYYY

M.O.'s Signature: \_\_\_\_\_

PATIENT POSTCODE

SAMPLE DATE: DD MM YYYY

SAMPLE TIME: HH MM

URGENT REQUESTS, PHONE LABORATORY

**GEL TUBE** LAB USE ONLY

**EDTA TUBE** LAB USE ONLY

**FLUORIDE TUBE** LAB USE ONLY

Some esoteric tests require a red top tube - see handbook

Electrolyte  Troponin

Liver  Thyroid

Bone  Ferritin

Crp  B12 & Folate

Amylase  PSA

Lipids  Cortisol

Rheumatoid Factor  Reproductive Hormones (specify individual hormones)

Immunoglobulin

OTHER (specify): **QFIT**

HBA1c  PTH

OTHER (specify): \_\_\_\_\_

GLUCOSE

OTHER (specify): \_\_\_\_\_

PLEASE MARK IN BLACK, THUS:  OR PRINT MNEMONIC BOXES SERIAL SAMPLES REQUIRE SEPARATE FORMS.

**BELFAST HSC TRUST LABORATORIES** Blood Sciences Request Form (Clinical Biochemistry/Haematology)

ATTACH LABEL OR USE BALL POINT PEN - Block CAPITALS please

PATIENT ADDRESS (FIRST LINE)

PATIENT POSTCODE

DATE OF SPECIMEN

TIME OF SPECIMEN

FASTING:  YES  NO

HOSPITAL CODE

CONSULTANT / GP CODE

WARD / CLINIC / GP CYPHER CODE

MANDATORY CLINICAL INFORMATION: Medication/time of dose etc.

M.O. Signature: \_\_\_\_\_

Sample Collected By: \_\_\_\_\_

PLEASE NOTE: A SEPARATE SAMPLE IS REQUIRED FOR EACH SECTION - CLEARLY TICK THE BOX FOR TEST REQUIRED

**CLINICAL BIOCHEMISTRY**

SECTION A: ELECTROLYTE PROFILE

SECTION B: LIPID PROFILE

SECTION C: THYROID PROFILE

SECTION D: B12 & FOLATE

SECTION E: TOTAL PROTEIN

SECTION F: CRP

SECTION G: AMYLASE

SECTION H: TROPONIN

SECTION I: PHENYTOIN

SECTION J: CARBAMAZEPIN

SECTION K: OSMOLALITY

SECTION L: CALCIUM & ALBUMIN

SECTION M: URATE

SECTION N: BILIRUBIN

SECTION O: CHOLESTEROL

SECTION P: TOTAL CK

SECTION Q: ALCOHOL

SECTION R: PARACETAMOL

SECTION S: NT PRO BNP

SECTION T: MAGNESIUM

SECTION U: DIGOXIN

SECTION V: VALPROATE

SECTION W: THEOPHYLLINE

SECTION X: PSA

SECTION Y: CEA

SECTION Z: CA-125

SECTION AA: CA19-9

SECTION AB: AFP

SECTION AC: HCG

SECTION AD: LITHIUM

SECTION AE: GLUCOSE

SECTION AF: LACTATE

SECTION AG: OTHER TESTS

SECTION AH: IMMUNOPROTEINS

SECTION AI: IMMUNOGLOBULINS

SECTION AJ: ELECTROPHORESIS

SECTION AK: COMPLEMENTS (C3-C4)

SECTION AL: FREE LIGHT CHAINS

SECTION AM: ALPHA-1-ANTITRYPSIN

SECTION AN: HBA1c

SECTION AO: PTH

SECTION AP: RETIC

SECTION AQ: ESR

SECTION AR: COAG SCREEN

SECTION AS: INR

SECTION AT: APTT

SECTION AU: D-DIMER

SECTION AV: OTHER TESTS

OTHER TESTS: **QFIT**

TUBE TYPE REQUIRED:  Li-Hep Green  Gel - Serum Gold Top  F1 / EDTA Grey Top  K/EDTA Purple Top  Na Citrate Blue Top

### Step 2: COLLECTION DEVICE

- ✓ Stick another addressograph on the collection device.
- ✓ Ensure this addressograph sticker does not cover the window on the collection device or the space provided for the patient's name/date of sample.

**IMPORTANT: DO NOT FILL IN THE DATE ON THE COLLECTION DEVICE**



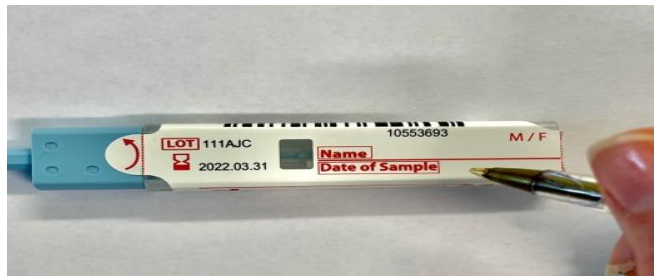
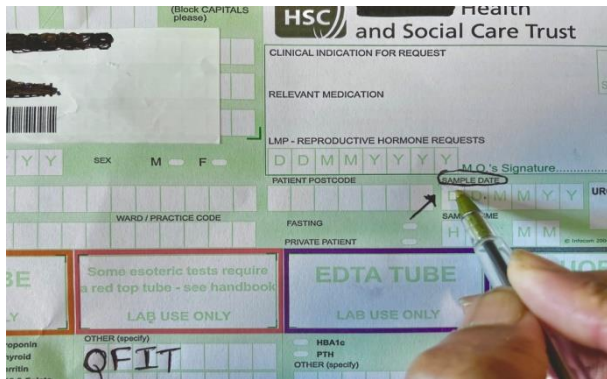
**Do not cover this side of the collection device with the addressograph**

**Stick the addressograph on this side of the collection device.**

**Step 3: GIVE THE PATIENT**

- ✓ The collection device
- ✓ The completed biochemistry form
- ✓ A patient instruction leaflet and explain to the patient how to collect the faeces sample

Instruct the patient to **FILL IN THE DATE** of the sample collection on both the biochemistry form **and** the collection device **when collecting** the faeces sample.



**Step 4: EMPHASISE TO THE PATIENT**

- ✓ If there are no dates on the request form and collection device, the test will be **rejected** by the laboratory.
- ✓ That it is **important** to return the collection device and sample within a few days and within 1 working day of collecting the faeces sample.

**Step 5: ON RECEIPT OF SAMPLE**

- ✓ When the sample is returned **please ensure the details on the biochemistry form and collection kit are complete**
- ✓ Ensure the patient has inserted the **completion date** on the biochemistry form and collection kit **as shown above.**
- ✓ Forward the sample to your local biochemistry laboratory as usual.