Laboratory Services
FIT- Colorectal Screening Instructions

Fecal Immunochemical Test (iFOBT) for Colorectal Cancer Screening or FIT TEST

The new Fecal Immunochemical Test (iFOBT) or FIT Test has replaced the Fecal Occult (Hemoccult Sensa Guaiac-gFOBT) test that was used for screening colorectal neoplasm. Please continue to use the Hemoccult Sensa cards for symptomatic anemia patients.

Test Ordering Instructions:

1. Order “FIT Fecal Immunochem Qual Scrn” if:
   “Testing is done for the purpose of screening for colorectal cancer in the absence of signs, symptoms, conditions, or complaints associated with gastrointestinal blood loss”.

2. Order “FIT Fecal Immunochem Qual Diag” if:
   “Patient has symptoms, rather than for screening.”

Specimen Stability: Ambient - 15 days | Turnaround Time: 24 to 48 Hour | Specimen Collection: Inpatient/Nursing Home Kit - KRMC Laboratory

Medical Staff Instructions for the FIT Test/Colorectal Screening:

Once the provider determines that a colorectal screening is needed, the clinical staff member will use an Inpatient/Nursing Home Kit to collect the patient specimen; only 1 specimen is needed.

- The medical staff member must complete the information at the bottom of this form.

  o Each FIT kit includes: biohazard bag, specimen tube, extra tube label and instruction form.
  o Refer to the label visual aid on the back of this form for specific label placement on each tube.
  o Specimens cannot process without a provider order and patient information.

1. Legibly write the Full Legal Patient Name, DOB, Date and Time of Collection on the sample bottle or use the extra label, labeling instructions are on the back of this document. Also, complete the information below.
2. Collect the specimen from patient stool.
3. Order the FIT Test just like all laboratory testing.
4. Include labeled specimen, this completed form (outside pocket biohazard bag), copy of lab order (if applicable) and deliver to the lab.

Patient Name ____________________________ Location ____________________________

Date of Birth ____________________________ Date/Time Collection ____________________________

*Provider ____________________________

Contact the KRMC Laboratory with your questions or concerns
KRMC Laboratory | 752-1737 | http://krmc.testcatalog.org

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Specimen Labeling Instructions:

**-FIT Specimen Tube-**
You can write on the label attached to the Specimen tube.

or

Using the tube label included in the FIT Kit, complete all information and attach over the existing label. Use a **ball point pen**, gel pens will smear.

**Labeling Details:**

1. Hold the specimen bottle on the green top with your left hand to apply the label.
2. The label must also align under the ridge, just below the green top.
3. Apply the label so that the top of the label will line up exactly on top of the existing OC Auto Label. The patient Last name should be at the top as shown in the photo to the left.
4. The label cannot extend past the right side of the specimen bottle and past the bottom of the lid on the left or it will be rejected.

Two photos are included to show the top and bottom of the label.

Contact the KRMC Laboratory with your questions or concerns, 752-1737