

Patient NAME		Report STATUS :	
DOB/Age/Gender		Barcode NO :	
Patient ID / UHID		Sample Type :	
Referred BY		Report Date :	
Sample Collected			
Test Description	Value(s)	Unit(s)	Reference Range

#Fecal Immunochemical Test (FIT)

Fecal Immunochemical (Immunoturbidimetry)	39.1	ng hHb/ml	50
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Interpretation:

Note

1. FIT cut off of 50 ng hHb/ml is equivalent to 5.1 µg hHb/g faeces (cut-off value that helps to detect adult patients with gastrointestinal bleeding who will require further investigation).
2. Positive results determine the presence of human hemoglobin in fecal samples. A positive result should be followed up with additional diagnostic invasive procedures to determine the exact cause and source of the blood in the stool.
3. Negative results do not exclude bleeding, as some polyps and colorectal cancers may bleed intermittently during certain stages of the disease.
4. This test may be less sensitive for detecting upper gastrointestinal bleeding because globin degrades as it passes through the upper gastrointestinal tract.
5. Patients with haemorrhoids, blood in urine or females who are menstruating should not undergo occult blood testing until the bleeding has ceased.
6. Test result depends on the quality of the sample submitted. Urine and excessive dilution of specimens with water from the toilet bowl may cause erroneous test results.

Comment

Fecal immunochemical test (FIT) detects hemoglobin in stool using antibodies specific to human hemoglobin. FIT has gained international acceptance as being the worthy successor to conventional guaiac-based fecal occult blood test (gFOBT) for screening Colorectal cancer (CRC). It is one of the most commonly diagnosed cancers and leading cause of cancer-related deaths. CRC almost always develops from adenomatous polyps, patients may remain asymptomatic until the cancer progresses to a fairly advanced stage. Conventional occult blood test for CRC screening utilizes gFOBT that is susceptible to dietary interferences and has limited sensitivity for adenomatous polyp (precursor for most of the CRC). As a result of the dietary restrictions and the need for three different samples on consecutive days, adherence rates of gFOBT screening are generally poor. FIT is specific for human hemoglobin thus eliminating the need for dietary and medication restrictions, also only a single sample collection is required thus improving adherence rate. The specificity of FIT is greater than 99% with reported sensitivities of 96% based on patient population.

Usage

1. Colorectal cancer screening
2. Screening for gastrointestinal bleeding

*** End Of Report ***



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