



Faecal Calprotectin (FC) Request Form for Primary Care

Affix Label Here

NHS Number

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Date of Birth

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Gender

M F

Surname

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(Block CAPITALS please)

First name(s)

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(Block CAPITALS please)

Doctor's Laboratory Code

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Practice Laboratory Code

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Sample date

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For EXTRA copy reports, state doctor & location

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When to use Faecal Calprotectin in Primary Care:

Suspected Inflammatory Bowel disease (IBD) in patient aged 45 or below

If you suspect a patient age ≤ 45 might have IBD then perform FC as part of your usual work up/investigations.

- Positive: FC ≥ 100 $\mu\text{g/g}$ faeces, referral to Gastroenterology recommended.
- Negative: FC < 50 $\mu\text{g/g}$ faeces, IBD unlikely- consider primary care IBS management.
- Indeterminate: FC 50-99 $\mu\text{g/g}$ faeces, if symptoms persist re-test FC. If on re-test FC ≥ 50 $\mu\text{g/g}$ faeces referral to Gastroenterology is recommended.

If FC is normal, but CRP raised without another obvious explanation, then consider referral for suspected IBD

If you remain clinically concerned about a patient despite a negative FC then there is no need to repeat the test. You may refer in the normal way but please state in your referral letter what features are concerning you and prompting the referral.

Secondary care referral:

- Please title your referral letter "SUSPECTED IBD" and send to RD&E gastroenterology only. All patients will be seen in gastroenterology outpatients within 3 weeks.
- For more urgent opinions please Fax 01392 402810 or call one of the gastroenterologists

IMPORTANT - STOOL SAMPLES MUST ARRIVE IN THE LABORATORY WITHIN 24 HOURS OF COLLECTION

Criteria for Sample Analysis:

**** Please note, samples will only be processed when the following questions are marked "Yes" ****

Is patient age ≤ 45 years? Yes No

Is IBD suspected or possible? Yes No

Is there a low suspicion of colorectal cancer? Yes No

Do you confirm it has been >6 weeks since any NSAID, including aspirin? Yes No

Impact of FC in Primary Care:

If FC was not available would you have referred this patient to secondary care? Yes No Unsure

Are you planning to refer this patient to secondary care even if FC is normal? Yes No Unsure

Please also request:

- FBC, Ferritin, CRP if not done in the past 6 weeks
- TTG if not previously done

Clinical Information

Duration of Symptoms (months):

Abdominal Pain: Yes No

Pain improves with defecation: Yes No

Change in stool frequency: Yes No

24 hour stool frequency (number of times):

Change in stool appearance/consistency: Yes No

Stool consistency (see Bristol Stool Chart on reverse):

Rectal bleeding: Yes No

Unintentional weight loss: Yes No

Nocturnal symptoms: Yes No

Family history of IBD: Yes No

Family history of bowel or ovarian cancer: Yes No

Alcohol (units per week):