

Reporting Title: Occult Blood, QL, Immunochemical, F**Performing Location:** Rochester**Ordering Guidance:**

This test will not detect upper gastrointestinal bleeding. If clinically indicated, order HQ / HemoQuant, Feces.

Specimen Requirements:

Supplies: Fecal Occult Blood Test Kit (T682)

Container/Tube: Fecal Occult Blood Test Kit

Specimen Volume: Specimen must fill the grooved portion of the sample probe

Collection Instructions:

1. Collect a random stool specimen.
2. See Fecal Occult Blood Test Kit package insert for instructions.
3. Specimen must be collected in specific sample vial within 4 hours of defecation.

Specimen Minimum Volume:

See Specimen Required

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

-Oncology Test Request (T729)

-Gastroenterology and Hepatology Test Request (T728)

Specimen Type	Temperature	Time	Special Container
Fecal	Refrigerated (preferred)	30 days	FOBT
	Ambient	15 days	FOBT

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
FOB	Occult Blood, Fecal	Alphanumeric		29771-3

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

82274

G0328-Government payers (if appropriate)

Reference Values:

Negative

This test has not been validated in a pediatric population, results should be interpreted in the context of the patient's presentation.