**Quantitative Faecal Immunochemical Test (qFIT)**

**Frequently Asked Questions**

**Q1: Can I refer to 2WW without having done qFIT for my patient**

**Answer**: **Yes**! If your patient fits the existing 2WW referral guideline, you don’t need to do a qFIT. Just go ahead and refer.

**Q2: I am concerned that my patient has something significant going on in the bowel, but they don’t fit either the qFIT or 2WW guidelines – what should I do?**

**Answer**: **Trust your clinical judgement**! The 2WW guidelines are not exhaustive and if you believe your patient may have bowel cancer or another abdominal cancer but they don’t fit the guidelines, you can still refer them via the two-week-wait service. Alternatively, if you are concerned about serious non-cancer pathology you should consider using existing local referral mechanisms including urgent referral, telephone advice, written advice and guidance, or acute admission as you deem appropriate.

**Q3: What will happen if I send a qFIT test off for a patient who doesn’t meet the criteria?**

**Answer:** You will not receive a result. If you remain concerned about your patient, see the answer to Q2 (above).

**Q4: I am running out of qFIT packs. Where can I get more?**

**Answer:** The laboratory should include details of how to order more packs in their initial delivery. If you are using the packs rapidly, you can contact the laboratory for a further supply.

**Q5: How does qFIT compare to the old FOB test cards GPs used to use?**

**Answer:** qFIT is specific to human haemoglobin and is more sensitive and specific to the old FOB (guaiac) cards with which some GPs may have been familiar. It is not affected by diet.

**Q6: My patient has symptoms which I believe represent irritable bowel syndrome. Do I need to use qFIT?**

**Answer: No**. NICE CG 61 explicitly states that testing for occult blood in faeces is not necessary for the diagnosis of IBS in patients who meet the specified symptomatic criteria. It does recommend blood testing to include FBC, ESR or Plasma Visc, CRP, and TTG.