**King's College Hospital**
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www.viapath.co.uk
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# FAECAL CALPROTECTIN TEST

You have been requested to do the following test before your next outpatient clinic appointment with the Gastroenterology Department. **Please read this letter carefully before starting the test.**

**The Faecal Calprotectin Test**
The Faecal Calprotectin Test is a non-invasive, inexpensive and objective method for assessing patients for additional possible invasive procedures e.g. Colonoscopy or imaging studies. It has a relatively high specificity and sensitivity for distinguishing between Irritable Bowel Syndrome and Inflammatory Bowel Disease.

**Test Instructions For Faecal (Stool) Calprotectin Test**
1. Please write your surname, forename, date of birth, hospital number and date of sample on both the blue top tube provided in the envelope and the request form on the next page. Please also indicate if you are an NHS or a private patient.
2. Into the tube collect several scoops of one faecal motion at any time of day, no dietary restriction necessary. Replace the blue screw top tightly and place tube in the bag provided and seal.
3. On completion the faecal sample can be returned, in person, to one of the following locations:

   a. Gastroenterology Clinic, Suite 3, Golden, Jubilee Wing, King's College Hospital (Monday to Friday 09.00 to 17.00)
   b. Blood Sciences Specimen Reception, Bessemer Wing, King's College Hospital (Monday to Friday 09.30 to 19.30)

**The sample must be returned within 2 days of collection.**

**For any further help / information regarding The FAECAL CALPROTECTIN TEST, please telephone 020 3299 4133, direct dial to the laboratory - Monday to Friday 0900 - 1730.**

**For any queries regarding appointments, please contact 0203 299 1919 followed by Option 1.**

**For all medical queries, please contact your Gastroenterology consultant.**

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| Faecal Calprotectin Test Request | Dept of Clinical Biochemistry |
| Surname / Forename<br><br>NHS / Private patient (please delete as appropriate) | |
| Date of Birth<br><br>Hospital Number | |
| Date of Sample | |