

# FIT Lab Reports to Primary Care Providers (PCPs)



**Ontario Health**  
Cancer Care Ontario

# Lab Reports to Primary Care Providers

Result	Comments
Normal	<p>Action required for you: Re-screen your patient with FIT in 2 years if they continue to meet the ColonCancerCheck eligibility criteria for average risk colorectal cancer screening.</p> <p>For more information, please visit <a href="http://cancercareontario.ca/CCCrecommendations">cancercareontario.ca/CCCrecommendations</a> to access ColonCancerCheck's screening recommendations.</p>
ABNORMAL	<p>Action required for you: REFER TO COLONOSCOPY as soon as possible. The colonoscopy should be completed within 8 weeks of the abnormal FIT result.</p> <p>For a list of facilities funded by Cancer Care Ontario to provide colonoscopies for patients with an abnormal FIT result, please visit <a href="http://cancercareontario.ca/FITcolonoscopy">cancercareontario.ca/FITcolonoscopy</a></p> <p>Note: Requests to repeat FIT after an abnormal FIT result will not be accepted by the lab. Repeating the FIT after an abnormal FIT or gFOBT is not appropriate and can lead to delays in diagnosis and treatment.</p>

# Lab Reports to Primary Care Providers

Result	Comments
Device Rejection: Specimen Not Received Within 6 Months  (Requisition expired)	<p>Comment: Your patient did not return the FIT collection device within 6 months of the lab receiving the FIT requisition.</p> <p>Action required for you: Complete a new FIT requisition for your patient. Please contact your patient to discuss the importance of colorectal cancer screening and address any questions or concerns they may have about the test.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>
Device Rejection: Specimen Received After 6 Months  (FIT collection device was returned after requisition expired)	<p>Comment: Your patient returned the FIT collection device more than 6 months after the FIT requisition was received at the lab.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>

# Lab Reports to Primary Care Providers

Result	Comments
Device Rejection: Specimen too old to be tested  (>30 days old)	<p>Comment: The FIT specimen was received more than 30 days after the collection date and could not be tested.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>
Device Rejection: Device Expired	<p>Comment: The FIT collection device was expired when it arrived at the lab.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>

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Result	Comments
Device Rejection: Tube not opened  (no sample)	<p>Comment: Your patient did not open the FIT collection device (the seal on the cap was not broken). No stool was available for testing.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and remind them to use the stick to collect their stool. Tell them to put the stick in the FIT tube and close the cap tightly.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>
Device Rejection: Specimen Leaking or Reduced Buffer	<p>Comment: The FIT collection device was leaking when it arrived at the lab.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and remind them to make sure the FIT collection device cap is closed tightly after completing their test.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>

# Lab Reports to Primary Care Providers

Result	Comments
<p>FIT Kit Not Received</p> <p>(Participant requested a replacement kit, previous kit not received)</p>	<p>Comment: Your patient notified the lab that they did not receive a FIT kit. The lab will send a replacement FIT kit to your patient.</p> <p>Action required for you: No action required. For future reference, please verify that your patient's address information is up to date.</p>
<p>Replacement FIT Kit Requested</p> <p>(Participant requested a replacement kit, previous kit received)</p>	<p>Comment: Your patient requested a replacement FIT kit. The lab will send a replacement FIT kit to your patient.</p> <p>Action required for you: No action required.</p>
<p>Rejected: Participant declined to complete</p>	<p>Comment: Your patient declined to complete the FIT.</p> <p>Action required for you: Please contact your patient to discuss their reasons for declining to complete the FIT, and address any questions or concerns they may have about the test.</p>

# Lab Reports to Primary Care Providers

Result	Comments
Device Rejection: Damaged Device	<p>Comment: The FIT collection device was damaged when it arrived at the lab.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p>
Device Rejection: Missing/illegible participant identifiers on device	<p>Comment: The FIT collection device could not be tested. The lab could not confirm whether the returned test was from the patient on your requisition order.</p> <p>Action required for you: Complete a new FIT requisition for your patient. Make sure your patient's name and date of birth are correct.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT. Remind them to check that the name and date of birth on their FIT collection device are correct. If there is a problem or your patient has questions, they should call LifeLabs at 1-833-676-1426.</p>
Device Rejection: Other	<p>Comment: The FIT collection device could not be tested.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p>

# Lab Reports to Primary Care Providers

Result	Comments
FIT Kit Not Received  (Requester ordered replacement kit, previous kit not received )	Comment: The lab will fulfill your request to send a new FIT kit to your patient.  Action required for you: No action required.
Replacement FIT Kit Requested  (Requester ordered replacement kit, previous kit received)	Comment: The lab will fulfill your request to send a new FIT kit to your patient.  Action required for you: No action required.
Rejection: Returned to sender, new kit sent	Comment: The FIT kit could not be delivered and was returned to the lab due to an address error by the lab. The lab will send a new FIT kit to your patient.  Action required for you: No action required.
Rejection: Returned to sender, requisition closed	Comment: The FIT kit could not be delivered and was returned to the lab. There may be a problem with your patient's address information.  Action required for you: Please verify that your patient's address information is up to date and complete a new FIT requisition for your patient.

# Lab Reports to Primary Care Providers

Result	Comments
Invalid  Result below positivity cut-off, specimen expired (15–30 days old)	<p>Comment: The lab received the FIT collection device more than 14 days after the specimen collection date. It was not possible to get a reliable result.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and mail it back to the lab (or drop it off) as soon as possible, ideally within 2 days, to ensure it arrives at the lab within 14 days of specimen collection.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>
Invalid  Result below positivity cut-off, no specimen date	<p>Comment: The specimen collection date was not written on the FIT collection device or was illegible. It was not possible to get a reliable result.</p> <p>Action required for you: Complete a new FIT requisition for your patient.</p> <p>Action required for your patient: Please advise your patient to complete a new FIT and remind them to clearly write the date they collect their stool on the FIT collection device.</p> <p>Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.</p>

# Lab Reports to Primary Care Providers

Result	Comments
Invalid	Comment: Your patient collected too much stool for testing.
Too much sample, analyzer cannot read	Action required for you: Complete a new FIT requisition for your patient.  Action required for your patient: Please advise your patient to complete a new FIT. Remind them that the stool should cover all of the grooves at the end of the stick, but the stool should not go past the grooves on the stick.  Please visit <a href="http://cancercareontario.ca/FITinstructions">cancercareontario.ca/FITinstructions</a> to access the FIT instructions.
Invalid: Other	Comment: The FIT could not be performed.  Action required for you: Complete a new FIT requisition for your patient.
Requisition Rejected	Comment: Your patient is not age-eligible for screening with the FIT.
Participant not age-eligible	Action required for you: Please contact your patient to let them know they will not receive a FIT kit. For more information, please visit <a href="http://cancercareontario.ca/CCCrecommendations">cancercareontario.ca/CCCrecommendations</a> to access ColonCancerCheck's screening recommendations.

# Lab Reports to Primary Care Providers

Result	Comments
Requisition Rejected  Participant ineligible due to recent FIT	<p>Comment: Your patient is not eligible for screening with the FIT because our records indicate that they had an abnormal or normal FIT result in the last 2 years.</p> <p>Action required for you: Please contact your patient to let them know they will not receive a FIT kit. If your patient had an abnormal FIT or gFOBT and has not yet had a follow-up colonoscopy, please refer them as soon as possible. The colonoscopy should be completed within 8 weeks of the abnormal FIT or gFOBT result.</p> <p>For more information, please visit <a href="http://cancercareontario.ca/CCCrecommendations">cancercareontario.ca/CCCrecommendations</a> to access ColonCancerCheck's screening recommendations.</p>
Requisition Rejected  Participant is not covered by OHIP	<p>Comment: A valid Ontario Health Insurance Plan (OHIP) number was not provided.</p> <p>Action required for you: Please contact your patient to confirm their OHIP information and complete a new FIT requisition.</p>
Requisition Rejected  Duplicate requisition	<p>Comment: A FIT collection device was already sent to this patient within 6 months of this request.</p> <p>Action required for you: If your patient requires a new FIT kit or if their address information was incorrect, please contact the lab directly at 1-833-676-1426.</p>

# Lab Reports to Primary Care Providers

Result	Comments
Requisition Rejected	Comment: The FIT requisition was rejected.
Other	Action required for you: If you have questions, please contact the lab directly at 1-833-676-1426.
Address Rejected No mailable address	<p>Comment: The lab was unable to mail the FIT kit because the address information on the FIT requisition was invalid.</p> <p>Action required for you: Please contact your patient to verify their address information on the FIT requisition, including the primary patient address and alternative FIT kit mailing address (if applicable). Complete a new FIT requisition for your patient.</p>
Order Cancelled Requestor cancelled	<p>Comment: The FIT kit order was cancelled by the requester.</p> <p>Action required for you: If you have questions, please contact the lab directly at 1-833-676-1426. Please contact your patient to let them know why they will not be receiving a FIT kit.</p>
FIT Kit Mailing Issue	<p>Comment: The lab was unable to mail the FIT kit.</p> <p>Action required for you: Please contact the lab directly at 1-833-676-1426.</p>