

**Reporting Title:** Occult Blood, QL, Immunochemical, F**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus**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 (T1009)**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.

**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 (if appropriate for government payers)

**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.

## **Test Definition: FOBT**

Fecal Occult Blood, Colorectal Cancer Screen,  
Qualitative, Immunochemical, Feces

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