

Stool Studies POC

PATIENT INFORMATION	
Last Name	First Name
Date of Birth	MRN

ORDER INFORMATION	
Ordering Provider	Performed By
Documented By	Performing Location
Date Performed	Time Performed

POC ORDER
<input type="checkbox"/> Fecal Occult Blood POC
<input type="checkbox"/> Fecal Occult Blood, 3 card POC
<input type="checkbox"/> Fecal Immunochemical Test

Occult Blood Stool POC RESULTS
Are Controls Valid <input type="checkbox"/> Yes
<i>*Results with a failed or 'invalid' control should be discarded and repeated.</i>
Occult Blood Stool Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
CARD Lot Number:

Fecal Immunochemical Test (FIT) POC RESULTS
Are Controls Valid <input type="checkbox"/> Yes
<i>*Results with a failed or 'invalid' control should be discarded and repeated.</i>
FIT Test Results: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
Lot Number:

Cologuard Stool Test RESULTS
Transcribed Cologuard Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive