Fecal Occult Blood Test (FOBT) Report

Hospital/Clinic Name:

Address:

Phone Number:

Patient Details:

Full Name:

Date of Birth:

Gender:

Patient ID:

Contact Number:

Email Address:

Referring Physician:

Name:

Specialty:

Contact:

Test Details:

Date Sample Received:

Date of Test:

Lab Technician:

Indications for Study:

Test Methodology:

- [ ] Guaiac-based fecal occult blood test (gFOBT)
- [ ] Fecal immunochemical test (FIT)

Results:

Sample 1:

- [ ] Positive
- [ ] Negative

Sample 2:

- [ ] Positive
- [ ] Negative

Sample 3:

- [ ] Positive
- [ ] Negative

Interpretation:

- [ ] **Negative:** No blood detected in the fecal samples.
- [ ] **Positive:** Blood detected in one or more of the fecal samples.

Comments:

Recommendations:
If positive, it's essential to consult with a gastroenterologist for further evaluation, which may include a colonoscopy or other diagnostic procedures. Regular screenings are recommended based on age and risk factors.

Disclaimer:
This test detects the presence of occult (hidden) blood in the feces. A positive result indicates the presence of bleeding but does not determine its source or cause. Other diagnostic evaluations are necessary for a definitive diagnosis.

Signature of Lab Technician: **Date:**

Signature of Supervising Pathologist: **Date:**

Ensure that all details are accurately recorded and always maintain patient confidentiality.

It is advised to consult with a healthcare professional regarding the results.

Note: This is a general template, and specific details and procedures may vary based on the lab or medical institution's protocols and practices. Always refer to official documentation from accredited institutions.