NAME



## **BASSETT HEALTHCARE NETWORK**

Cooperstown, NY 13326-1394

## POINT OF CARE FECAL OCCULT BLOOD

H-8501 9/08;11/12;10/14;4/15;4/17;12/17 (d:\forms\hosp\.ofm)

DATE

Provider Review Signature:

BASSETT HEALTHCARE NETWO	RK			
Location/Health Center				
Address:			<u> </u>	
Test Date:	_ Test Time:		Tech Initials:	
DIAGNOSTIC FECAL OCCULT BL	OOD			
Patient Result:  Results can only be regarded as pre evidence to the presence or absence gastrointestinal irritation leading to o obtained even when a GI disorder is Iron-rich supplements have been assistamin C (ascorbic acid) have been  Positive Performance Control:	liminary screening or as a e of gastrointestinal bleed ccult bleeding. This may b present, as not all polyps sociated with false positive	n aid to diagnosi ng or pathology. e a false positive or colorectal car e results. Ingestic	Certain medication e test result. A nega acers bleed or may	s may cause tive result can be bleed intermittently.
Seracult Plus Card lot number Seracult Plus Card Developer lot nur	 mber		Exp date	
Reference Range:				
Negative				• • •
Provider Order Signature:		Provider #:	Date:	Time:

Provider #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_