Name of Policy: **Fecal Occult Blood Testing** **Policy Number**: 3364-100-53-23 **Approving Officer**: Chief Executive Officer, Chief Medical Officer **Responsible Agent**: Chief Executive Officer **Scope**: The University of Toledo Medical Center and its Medical Staff	UTOLEDO HEALTH **Effective date:** 01/23/2025 **Original effective date**: 12/11/2002
Key words: Occult blood, fecal specimen, developer solution, quality control, pathology.	

☐	New policy proposal	☐	Minor/technical revision of existing policy
☐	Major revision of existing policy	☒	Reaffirmation of existing policy

(A) Policy statement

Fecal Occult Blood testing must comply with standards established by The Joint Commission and CLIA.

(B) Purpose of policy

To ensure compliance with The Joint Commission and CLIA standards, there must be documentation of testing and Quality Controls, with attributable responsibility for testing.

(C) Procedure

INPATIENT TESTING

Materials Needed: specimen container or Fecal Occult Blood card.

1. Development of Fecal Occult Blood cards will be performed for all inpatients only by the hospital laboratory. A documented physician's order is necessary.
2. A fecal specimen in an appropriate container can be sent to the hospital laboratory for occult blood testing.
3. Alternatively, the **fecal specimen may be applied** to a labeled (with name and date) card. Cards, only, will be available on the units. Occult blood developer solution is prohibited on the hospital inpatient floors.
4. The areas of application for feces on the card are under the patient demographic flap. A thin fecal smear should be applied in both Box A and Box B. The individual smears **should** be from separate portions of stool.

5. Once the specimen is applied, the flap should be closed, and the card placed into an appropriate container/bag to send to the hospital laboratory.

6. After receipt of the specimen in the hospital laboratory, the card will be developed, Quality Control performed, and the results will be reported into the Laboratory Information System so that it will be available to the physician in Care Manager.

OUTPATIENT TESTING

Certain Ambulatory Clinics and the Emergency Department are the only areas with approval to perform the application and development of Fecal Occult Blood testing as a Point of Care Test. In these areas, annual competency and one-time only colorblindness assessments have been performed with the staff who perform the testing. Documentation of lot numbers and expiration dates for the cards is accomplished via log sheets, the patient's chart, in the computer system, or on the patient report forms. Quality Control is documented in the same fashion. Monthly review of the log sheets and report forms is done by the lab Point of Care Testing (POCT) team to verify compliance to The Joint Commission and CLIA standards.

DEVELOPER

The Developer Solution will be removed from the Fecal Occult Blood kits when Quality Control is performed on the kits by the lab POCT team. The removed Developer Solution will be stored in the POCT area of Pathology. Approved areas will need to obtain the Developer from a member of the lab POCT team by calling ext. 5219, or ext. 4566.

Approved by: /s/ _____ Dan Barbee Chief Executive Officer 1/23/2025 _____ Date /s/ _____ Michael Ellis, MD Chief Medical Officer 1/23/2025 _____ Date *Review/Revision Completed by:* *HAS* *Pathology* *Chief of Staff*	**Policies Superseded by This Policy:** • 7-53-23 Initial effective date: 12/11/2002 Review/Revision Date: 5/10/2006 3/25/2009 12/1/2011 3/5/2012 3/1/2015 4/1/2020 5/1/2021 1/23/2025 Next review date: 1/23/2028