# Faecal calprotectin testing – do's and don'ts

Gastro Education

## Do's and don'ts

### with faecal calprotectin testing*

- **Do not** use faecal calprotectin testing in patients you suspect of bowel cancer, these patients should be referred
- **Do not** use faecal calprotectin testing for patients you suspect have infection
- **Do** give your patient a stool pot, ensuring the pot is labelled with the correct patient details and sample date
- **Do** advise your patients to provide at least 2 g of stool, informing them that solid stool is preferable
- **Do** tell your patient where to take their sample – inform your patient the sample is stable at room temperature so there is no need for them to refrigerate it
- **Do** fill in as much clinical info as you can, including symptoms and duration, Rome II and clinical scores on the patient form
- **Do** send a separate sample to microbiology; for microscopy, culture, and sensitivity; unless infection has already been excluded
- **Do** use faecal calprotectin testing to assess the clinical activity of known ulcerative colitis and Crohn's disease patients of any age

*Adapted from the Coventry and Warwickshire NHS Trust Primary Care clinical pathway for patients <45 years with symptoms of IBS for more than one month and no red flag symptoms.