UCLA Health policy is to screen average-risk patients **45 to 80 years-old** with colonoscopy or fecal immunochemical testing (FIT).

We strongly encourage **FIT and colonoscopy** as first-tier screening tests over CT colonography, flexible sigmoidoscopy, and Cologuard®, except in specific settings.

Most patients do not need to be referred to GI for consult prior to screening colonoscopy. You can **order a screening colonoscopy directly**. Your responses to questions in the order will ensure the patient is triaged appropriately. Patients learn about their bowel prep formulation when they call to schedule their procedure.

**FIT kits should be picked up in primary care clinics.** Ask your clinic manager to have these available so that patients leave with a kit in hand. FIT is not appropriate for high-risk patients (family history, prior polyp).

Patients who received a FIT kit at home through the **FIT kit mailing program** will have results updated in the Health Maintenance (HM) tab.

When FIT is abnormal (i.e. positive) a colonoscopy is indicated, even in the setting of a recent colonoscopy. **Abnormal FITs should not be repeated.**

**If a patient refuses screening**, there is an option to postpone the screening for one year on the HM tab. All screening completion and surveillance intervals must be documented in the HM tab.


**Colonoscopy SmartText**: “Colonoscopy patient instructions UCLA [13484].”

**FIT SmartText**: “FIT patient instructions UCLA [13488].”