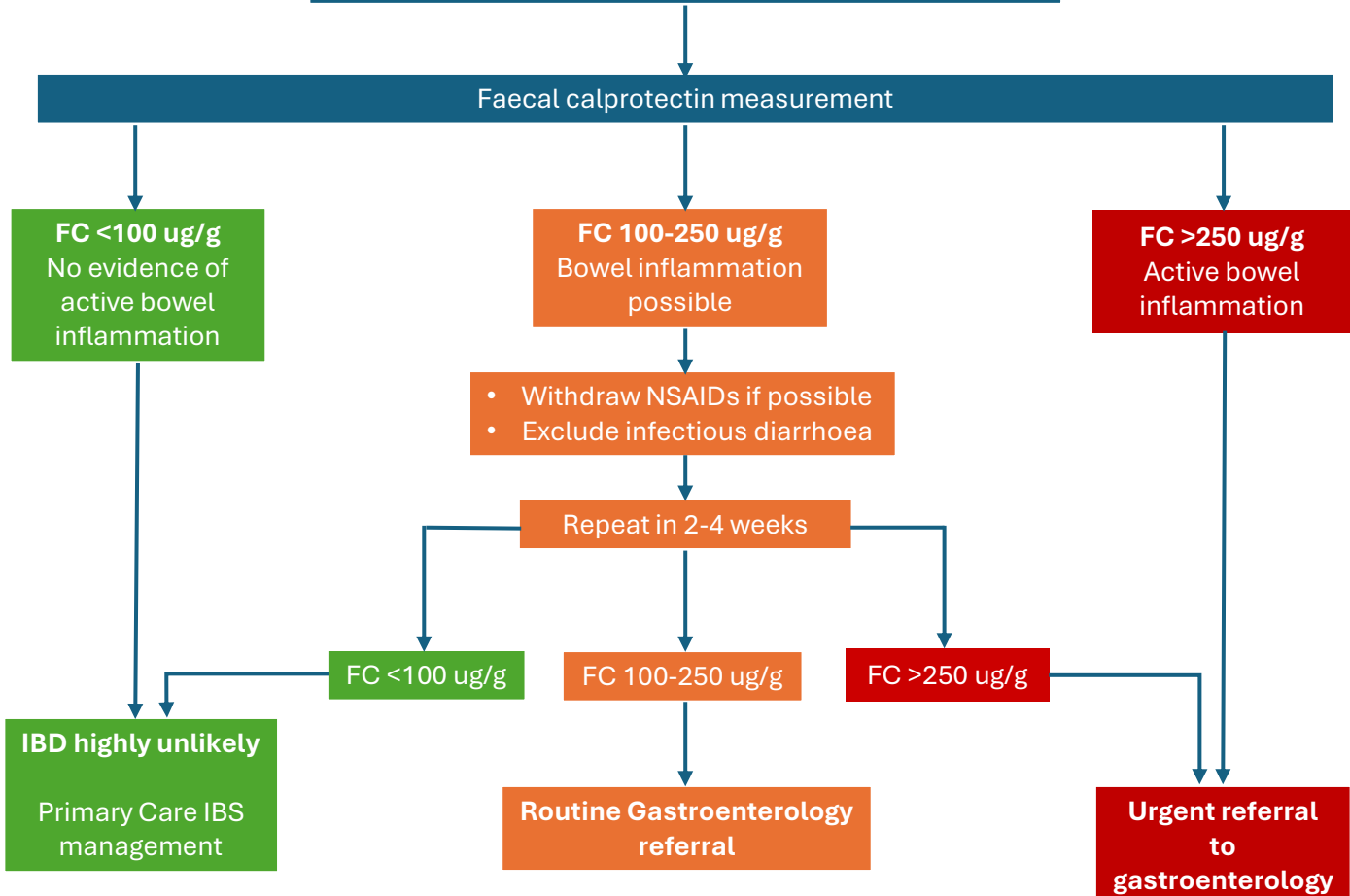


- Faecal calprotectin is a marker of intestinal inflammation and is a useful non-invasive method to investigate patients with chronic GI symptoms in low-risk groups for malignancy
- Most IBS patients can be diagnosed from history alone. In cases of diagnostic uncertainty calprotectin helps distinguish inflammatory and non-inflammatory GI conditions and requirement for colonoscopy – normal result has very high negative predictive value for IBD.

- Age 16-45 years
- Lower GI symptoms >6 weeks (diarrhoea predominant)
- Low-risk colorectal cancer (does not fulfil NG12)
- Normal FBC, UE, CRP, TSH, TTG and stool culture



When NOT to test

Age >45 years

- New presentation at this age should be investigated through specialist referral
- FIT likely more appropriate; high negative predictive value for significant bowel disease including IBD

Age <16 years

- FC can be difficult to interpret in younger children. Refer for specialist investigation if clinical suspicion of IBD.

Red-flag symptoms - PR blood, iron deficiency anaemia, weight loss, abdominal mass

- Refer via cancer pathway ([NICE NG12](#)) or if IBD suspected urgently to gastroenterology

Suspected gastroenteritis

NSAID use within previous 6 weeks

Do not re-test for diagnosis of IBD within 6 months (unless previous result 100-250 ug/g)