



PF-PTD-170

Helicobacter Pylori Antigen

Accredited to ISO 15189:2022

Synonyms

Clinical Indication

Helicobacter pylori infection is the most common cause of gastritis, and is involved in gastric ulcer, duodenal ulcer and gastric adenocarcinoma. It is also the causative agent in a high percentage of dyspepsia cases. European guidelines for the management of dyspepsia recommend the use of a faecal antigen test for accurate diagnosis prior to the administration of eradication therapy.

Please give detailed clinical information

Part of Profile / See Also

Detection of Helicobacter pylori antigen in faeces

Request Form

ICE order comms form (Handwritten request – only if order comms not available).

Availability / Frequency of

Analysis

The test will be performed during routine working hours on weekdays.

Turnaround Time

72 hours.

Patient Preparation

Before testing faeces for helicobacter, it will be necessary to stop H2 receptor blockers, antibiotic therapy and proton pump inhibitors (PPI's) for at least 2 weeks.

Sample Requirements

Specimen Type

Faeces

Volume

A walnut sized portion should be submitted in a faeces container

Container



Sterile universal container with no additives

Samples should be transported to laboratory on the day of collection. If there is to be a delay in transport the sample must be stored at 2-8°C for a maximum of 2 days.

Reference Range & Units

Positive/Negative

Interferences

The accuracy of SATs is lower when stool samples are unformed or watery.

Interpretation & Clinical

A positive result indicates current infection with *H.pylori*

Decision Value (if applicable)

A negative result does not exclude the possibility of *H. pylori* infection

Test results should be interpreted by the clinician in conjunction with clinical findings and / or other diagnostic procedures

References

Test code

FHEL



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Lab Handling

Samples may be stored at -20°C prior to testing