POINT OF CARE TESTING

2016 CAP SURVEY CALENDAR

POCT TEST	**ACT (Activated Clotting Time)**	**BLOOD GAS WITH ELECTROLYTES, GLUCOSE, LACTATE**	**CO-OXIMETRY**	**THROMBOELASTOMETRY**
LOCATION(S)	**5G – Cath Lab Radiology (IR)**	**ED, OR, NICU, ICU – 4E, 5E, 5R**	**5G – Cath Lab ED, OR, NICU, ICU – 4E, 5E, 5R**	**OR**
INSTRUMENT	**Hemochron Signature Elite**	**GEM PREMIER 4000**	**GEM OPL GEM PREMIER 4000**	**ROTEM**
CAP CODE	**CT2**	**AQQ/AQ2Q**	**SOQ**	**TEG**
1ST CAP Survey Anticipated Date Received	**CT2-A** **01/19/2016**	**AQQ-A** **04/19/2016**	**SOQ-A** **02/23/2016**	**TEG-A** **04/12/2016**
2nd CAP Survey Anticipated Date Received	**CT2-B** **07/19/2016**	**AQQ-B** **08/09/2016**	**SOQ-B** **08/30/2016**	**TEG-B** **08/23/2016**
FREQUENCY	2x/year	2x/year	2x/year	2x/year