

POCT & PPMP Monthly Tests Report

Date: _____ Nursing Unit: _____

**This month the following number of tests was performed on this unit:
(Glucose and Blood Gases will be tallied through the RALS system.)**

Nursing Manager (or designee) Attestation Signature: _____

Complete each month and submit to Point of Care Services – 2M14 / Fax: 206-3451

Name of Test	Number Performed
Waived Tests	
Fecal Occult Blood	
Hemoglobin	
pH	
Urine Chemistry Dipstick 2 (includes Acute Nephrology dipstick)	
Urine Chemistry Dipstick 7	
Urine Chemistry Dipstick 10	
Urine Pregnancy	
Urine Toxicology	
Moderately Complex Tests	
Arterial Blood Gases (including K+, Na, Hct, & Lactate)	
Activated Clotting Time	
AVOX	
Co-Oximetry	
Creatinine	
Rotem	
Provider Performed Microscopy (PPMP) Tests	
Fern	
#KOH - <u>Skin</u>	
KOH/Saline - <u>Vaginal</u> Wet Mount	
Urine Sediment	

* Test totals are required in order to meet annual laboratory licensing and Joint Commission accreditation requirements.

This test is only performed by Specialty Clinics