

**POCT – Attestation Page**  
**Hemochron Jr. Signature Elite – Activated Clotting Time**

**Supervising personnel:** Fill out monthly and return to Point of Care Testing Service by the end of the first week of the month. **Attach:** Monthly report that includes QC and patient results; and Normal and Abnormal QC package inserts for new Lots.

<b>Month:</b>	<b>Year:</b>	<b>Location:</b> Interventional Radiology <b>S/N(s):</b>
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Identified Risks	Expectations	Criteria Met		Comments
		Yes	No	
Valid test order prior to patient sample collection	Staff must check a valid test order prior to patient sample collection.			
Possibility of misidentifying the patient's MRN in the medical record or make a clerical error when entering test results into the EMR or the instrument	Supervisor or designee (e.g., staff) reviews documentation in Patient Log Book and instrument records compared to electronic charting system within 24 hours.			

Monthly Data Reviewed	Criteria Met		Comments
	Yes	No	
Monthly Liquid Quality Controls (external) were performed and are within acceptable range prior to patient testing.			
Daily Electronic Quality Controls (internal) are within acceptable range prior to patient testing.			#

**Corrective Actions Taken This Month:**

\_\_\_\_\_ #Back up instrument (S/N \_\_\_\_\_): EQC was performed successfully on the days patient  
 Initials testing was performed.

<b>Signature:</b>	<b>Date:</b>
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<b>Printed Name:</b>
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