

Request to Perform Point of Care Test (POCT)

Submit Request to POCT Services, Building 25 Rm H3041

email to pocommittee@ucsfonline.onmicrosoft.com

Requestor:	Location of testing:
Telephone:	Clinical Service/Department:
Email:	
Date of Request:	Cost center account #:

Waived Tests	Non-Waived Tests	Provider Performed Microscopy
<input type="checkbox"/> Fecal Occult Blood <input type="checkbox"/> Glucose (fingerstick) <input type="checkbox"/> Hemoglobin <input type="checkbox"/> Urinalysis (dipstick) <input type="checkbox"/> Urine Pregnancy <input type="checkbox"/> Prothrombin time (INR) <input type="checkbox"/> Urine Toxicology <input type="checkbox"/> Vaginal pH <input type="checkbox"/> Creatinine <input type="checkbox"/> Covid FlowFlex <input type="checkbox"/> Chembio Rapid HIV STAT-PAK	<input type="checkbox"/> Activated Clotting Time <input type="checkbox"/> Co-Oximetry <input type="checkbox"/> Arterial/Venous Blood Gases (pH, pCO2, pO2) <input type="checkbox"/> Sodium, Potassium whole blood (Na, K) <input type="checkbox"/> Ionized Calcium (iCa) <input type="checkbox"/> Glucose whole blood (Glu) <input type="checkbox"/> Arterial/Venous lactic acid (Lact) <input type="checkbox"/> Hematocrit (Hct) <input type="checkbox"/> Activated Clotting Time	<input type="checkbox"/> Fern Test <input type="checkbox"/> KOH Skin <input type="checkbox"/> KOH Vaginal Prep <input type="checkbox"/> Saline Vaginal Prep <input type="checkbox"/> Urine Sediment

If desired POCT is not on this list, please submit form "Request to Initiate New POCT"

Indication for use: _____

What levels of staff would be performing this testing and how many would need to be trained: _____

Briefly describe the patient care benefits and potential cost savings outcomes with implementation: _____

Briefly explain why the central lab services do not fulfill your needs: _____

Anticipated test volume: _____/day _____/week _____/month Hours of Operation: _____

Are funds approved to support the costs associated with this new test request: Yes No Unsure yet
 These costs include quality control, reagents, test validation, proficiency testing, oversight, capital purchases if applicable, etc.

Testing location agrees to:

- Purchase instrument, reagents, necessary control materials, and interfaces/hardware necessary for electronic “connectivity” and purchase any service or equipment maintenance as specified by manufacturer, Clinical Laboratory and/or Biomedical Engineering, and POCT Services.
- Adhere to ZSFG’s Administrative Policy and Procedure 16.20 Point of Care Testing and all applicable POCT policies and procedures.
- Maintain a subscription to the relevant proficiency test programs. Only applicable for non-waived testing.
- Develop a policy with the following:1) Clinical Indications for testing; 2) Documentation Plan; and 3) Clinical Actions based on testing.
- Maintain and have be available for inspection at any time or submit to POCT Services records of orientation & training.
- Maintain all aspects of staff training and competency. This includes initial orientation & training, competency testing, and supervision by a laboratory-recognized trainer. Subsequently, everyone performing POC Testing will demonstrate competency after initial training and before patient testing, 6 months after initial competency assessment, one year after initial competency assessment, and then annually thereafter.

Signatures (required)	Printed Name:	Date:
Nurse / Testing personnel Manager:		
Chief of Service/Director:		
Administrator with Purchasing Authority:		

Once the POCT Committee receives and reviews submission, we will invite you to join one of our weekly POCT meetings to discuss request. This does not guarantee approval.

POCT Internal Use for Approvals:

Signatures (required)	Printed Name:	Date:
Clinical Laboratory Director:		
QA Manager:		
POCT Coordinator or Admin Director:		