

Appendix E

POCT REQUEST FORM

REQUEST FOR APPROVAL OF NEW POINT OF CARE TEST OR DEVICE

All point of care in-vitro laboratory testing must be evaluated and approved by the POCT Committee to ensure that it meets institutional goals as well as state and federal regulations. To expedite your request, please complete all information below. Please attach all pertinent documents to this form and submit to: POCT Committee, Attn: Kristin Jensen, UCSF Clinical Lab Box 0100, or FAX 353-1275.

Date request submitted: _____

1. Test requested: _____

2. Name(s) of device(s): _____

3. How did you learn about this test?

Contacted by vendor(s) (Company & name): _____

Journal article (Citation): _____

Conference (name of conference and date): _____

Recommended by colleague (name, institution and phone #): _____

Physician request (name, pager #): _____

4. Purpose for introducing test

Patient care goals. Explain: _____

Provides greater benefit than current system. Explain: _____

 Rapid result (< 30-60 min) improves patient care or reduces cost. Explain:

 Test not currently provided by this institution.

New technology

Replacement for (test) , or (instrument) Describe:

5. Where will this test be used? (List patient population, nursing units and/or departments):

6. Estimate annual test volume: _____

7. Estimate of annual cost: _____

8. Personnel

Estimate of number of potential users: _____

Job categories of potential users: _____

9. Name of requestor: (Title, Department, Phone #, Pager #, e-mail):

10. Name of contact person (Title, Department, Phone #, Pager #, e-mail):
