

## Request to Perform NEW Point of Care Test (POCT)

Submit Request to POCT Services, Building 25 Rm H3041

[email to ZSFGHPOC@ucsf.edu](mailto:ZSFGHPOC@ucsf.edu)

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

**Manufacturer and Testing Information:** please fill out all blanks.

Manufacturer and Test name: \_\_\_\_\_ Specimen type: \_\_\_\_\_

Indication for use (screen, monitor, diagnosis, etc.): \_\_\_\_\_

Anticipated test volume: \_\_\_\_\_/day \_\_\_\_\_/week \_\_\_\_\_/month Hours of Operation: \_\_\_\_\_

Is this test currently offered by the ZSFG Clinical Laboratory? \_\_\_ Yes \_\_\_ No

If yes, briefly explain why the central lab services do not fulfill your needs: \_\_\_\_\_

What levels of staff would be performing this testing and how many will your department train: \_\_\_\_\_

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

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.

**Product Information:** in email, please provide product brochure/package insert, vendor contact information, and quote if yet acquired.

Please fill out all knowns.

Cost of instrument: \_\_\_\_\_

Cost of maintenance, such as service contracts: \_\_\_\_\_

Cost of reagents, controls and/or manufacturer materials used in testing: \_\_\_\_\_

Does the instrument store the results electronically? \_\_\_\_\_

Is a middleware required or optional for operation (for results to auto-post)? \_\_\_\_\_

Where will supplies be stored (must be temperature monitored)? \_\_\_\_\_

Will a refrigerator be needed for reagent or QC storage? \_\_\_\_\_

**Testing location agrees to:**

- Purchase instrument, reagents, necessary control materials, and interfaces/hardware necessary for electronic connectivity.
- Purchase any service or equipment maintenance as specified by manufacturer, Clinical Laboratory, Biomedical Engineering, and/or 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 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.

<b>Signatures (required)</b>	<b>Printed Name:</b>	<b>Date:</b>
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:**

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