**POINT OF CARE TESTING CORRECTION FORM**

When to use: Use this CORRECTION FORM when you have entered a blood sample into a POC analyzer using the wrong patient identification or if the wrong sample type has been selected.

**STEP 1**: Call POC at 2-0483 during the hours from 0630-1700 Monday through Friday, excluding holidays. If the mistake happens outside of these hours, please call Customer Service at 4-5227. Let Customer Service know that there has been an error and that you will be submitting a correction form.

**STEP 2**: Provide the following information

POC Test Device the ERROR sample was run on:

­**□** Blood Gas Analyzer **□** AVOX **□** Hemochron

**□** DCA **□** i-STAT **□** Clinitek

**□** Glucometer **□** Pregnancy **□** Coaguchek

**□** Strep **□** Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Error that was made, provide as much detail as possible. Please include if it was the wrong patient, wrong sample type (eg: Arterial vs. Venous vs. Capillary for blood gas), or any other error that was made:

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Date and time of the ERRORED sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

£ Priority Response Needed (misidentified patient)    £Routine Response Needed (all others)

**Incorrect Patient Identification: Attach Label Below (or write in patient identification)**

**Correct Patient Identification: Attach Label Below (or write in patient identification)**

**STEP 3**: Print YOUR name AND credentials and then initial: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STEP 4**: Provide a printout from the analyzer and attach it to the correction form (if applicable).

**STEP 5**: Fax this correction form to Customer Service at 434-243-6499.

**STEP 6**: Enter the Event in BeSafe and include the description provided in STEP 2 and include that the correction form as been filed out and faxed to the lab.