



Point of Care Service Requisition

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# Point Of Care Service Requisition

BC Children’s and Women’s Hospital

Please complete this form when requesting service for any Point of Care devices (glucometer, FSL meter, refractometer, etc.). A digital copy of this form is available in ePOPS.

Requester’s Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ward/Department: \_\_\_\_\_ Phone No: \_\_\_\_\_

Device: \_\_\_\_\_ Serial No: \_\_\_\_\_

Request Priority: Low  Regular  High

**Problem Description:**

Please provide a detailed description of issue(s) encountered to make troubleshooting easier.

Send the problematic device and this requisition to the POCT Lab at Room 2J29. A loaner device will be provided upon receipt of this form and the problematic device. Contact POCT Technologist email [POCTLab@cw.bc.ca](mailto:POCTLab@cw.bc.ca) local 7521 or after hours contact local 2303.

For Lab Use Only	
<b>Loaner Meter:</b>	Serial No:
<b>Date:</b>	Tech:

For POC Tech Use Only			
Troubleshooting Actions Taken:			
<b>Return Date:</b>		Transcribed to POCT Folder?	Y N
<b>Tech:</b>			

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