

Patient's Name: \_\_\_\_\_ CSN Account # (or Place Label here): \_\_\_\_\_

Location/Unit: \_\_\_\_\_ Medical Record # : \_\_\_\_\_

Date/Time: \_\_\_\_\_ Tests: \_\_\_\_\_

<b>Check type of analyzer used</b>												
<input type="checkbox"/> NOVA StatStrip Glucometer			<input type="checkbox"/> Clinitek			<input type="checkbox"/> Hemochron Elite						
<input type="checkbox"/> i-STAT			<input type="checkbox"/> HemoCue 201			<input type="checkbox"/> DCA Vantage						
<b>Indicate Reason for EDIT</b>												
<input type="checkbox"/> Triage CSN Account # used						<input type="checkbox"/> Other (explain)						
<input type="checkbox"/> Incorrect CSN Account # (i.e. Medical Record # used, Inverted CSN Account #)												
Date/Time Resulted:												
Operator Name:												
Operator ID Number:												
CSN Account # used:						Correct CSN Account #:						
<b>i-STAT</b>	Na		Glu		pH		HCO <sub>3</sub> <sup>+</sup>					
	K		BUN		pCO <sub>2</sub>		TCO <sub>2</sub> <sup>+</sup>					
	Cl		Crea		pO <sub>2</sub>		SO <sub>2</sub> <sup>+</sup>					
	iCa		Hct		BE		LAC					
	TCO <sub>2</sub>		Hgb		<input type="checkbox"/> Venous		<input type="checkbox"/> Arterial					
	Troponin I		BHCG									
	ACT-K											
<b>ACT</b>	Hemochron Elite (ACT) Result:											
<b>DCA</b>	DCA (HbA <sub>1c</sub> ) Result:											
<b>HEMOCUE 201</b>	HemoCue Hgb Result:											
<b>NOVA</b>	NOVA Glucose Result:											
<b>CLINITEK</b>	Color	Appearance	Glucose mg/dL	Bili	Ket mg/dL	Spec Grav	Blood	pH	Prot mg/dL	Urobili (Ehrlich_U)/dL	Nit	Leuko
Reason for Operator ERROR:												
Reviewed by (POCT):												
Date/Time Corrected in LIS/HIS:												

Fax Form to Pathology POCT, UH 3814 at 315-464-7100 Downtown or Community at 315-492-5806.