

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

Location/Unit: _____ Medical Record # : _____

Date/Time: _____ Tests: _____

Check type of analyzer used												
<input type="checkbox"/> NOVA StatStrip Glucometer			<input type="checkbox"/> Clinitek			<input type="checkbox"/> Hemochron Elite			<input type="checkbox"/> ID NOW			
<input type="checkbox"/> i-STAT			<input type="checkbox"/> HemoCue 201			<input type="checkbox"/> DCA Vantage						
Indicate Reason for EDIT												
<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 #:						
i-STAT	Na		Glu		ACT-K		pH		HCO ₃ ⁺			
	K		BUN		BHCg		pCO ₂		TCO ₂ ⁺			
	Cl		Crea		Troponin I		pO ₂		SO ₂ ⁺			
	iCa		Hct				BE		LAC			
	TCO ₂		Hgb				<input type="checkbox"/> Venous		<input type="checkbox"/> Arterial			
ID NOW	Strep A Result:			Flu A Result:			Flu B Result:			RSV Result:		
ACT	Hemochron Elite (ACT) Result:											
DCA	DCA (HbA _{1c}) Result:											
HEMOCUE	HemoCue Hgb Result:											
NOVA	NOVA Glucose Result:											
CLINITEK	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):									Accession #(s):			
Date/Time Corrected in LIS/HIS:												

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