

	ROBERT WOOD JOHNSON MEDICAL SCHOOL <small>University of Medicine & Dentistry of New Jersey</small>	INVENTORY OF POCT TESTING PERFORMED
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Completed by: Date: Mailing Address:	Facility: Site: Physical Address:
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FACILITY TEST INVENTORY

TEST Does the facility perform any of the following procedures?	Y	E	S	Reagent Name: (e.g. Bayer Multistix, Elite glucometer, etc.)	What training was provided?	Was any form of WRITTEN competency assessment administered after training?	Does the site participate in EXTERNAL proficiency testing?
Glucose							
UA by dipstick							
Urine Microscopy							
Urine hCG							
Occult Blood					-		
Protime Monitor For INR							
Monospot							
Strep A							
H. pylori							
Influenza							
Microalbumin							
Hemoglobin A1C							
KOH							
Wet mount							
Fern test							
Other							

Date: _____ Signature Responsible Party: _____