

INR POINT OF CARE CONFIRMATION FORM (2021)
Provincial Clinical Laboratory

Address for Non-PEI Residents Required

Name: _____

Street: **Place Label Here** _____

City: _____ Prov./State: _____

Postal Code/Zip: _____ Patient Phone # _____

Specimen Collected	Payment Responsibility
By: _____	<input type="checkbox"/> WCB <input type="checkbox"/> DVA <input type="checkbox"/> DND <input type="checkbox"/> RCMP
Date: YYYY/MM/DD	<input type="checkbox"/> Self Pay Canadian <input type="checkbox"/> Self Pay Non-Canadian
Time: HH:MM	Provincial Medicare # exp. date: _____

Relevant Diagnosis and Warfarin Therapy	DOB: YYYY-MMM-DD	Sex	Medical Record Number (MRN)
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Ordering Provider FIRST & LAST NAME	Location	Copy to Prov POC Coordinator	Additional Copies to (Fax # required for out of province providers) FIRST & LAST NAME
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Requires one blue tube (sodium citrate) received at the lab <24 hours from collection
Store at Room Temperature

Primary Care Location (Facility)

INR POC Result

<input type="checkbox"/> Medical Doctor (MD)/Nurse Practitioner (NP) Aware
<input type="checkbox"/> Treatment plan in place
<input type="checkbox"/> MD/NP to call lab for results
<input type="checkbox"/> Please call MD/NP Name: _____
Phone #: _____
IF THIS IS A STAT REQUEST PLEASE CHECK <input type="checkbox"/>

This form shall be used to submit venous samples:

- 1) To confirm abnormal POC INR results
- 2) For the first three consecutive POC INR samples from patients new to POC testing
- 3) For quality control testing (performed every 6 months)

Requests received on this form will not be called to the ordering provider unless the please call is checked and both a name, phone or fax number is clearly documented. The lab will make 3 attempts to report the result to the specified individual at the number provided.

The authorized user performing POC INR testing is responsible to follow up on the venous sample INR result in a timely fashion (i.e. before the end of the day) and manage the patient appropriately.

Refer to POCINR120
Algorithm for INR Management

Please check off one of the following:

- Abnormal Result
- POC New Patient: 1 2 3
- Quality Control (*POC INR result must be <= 3.5*)

Additional Information

For lab use only

INR Lab Result:
