

POCT REQUEST FORM

Laboratory Medicine Program is responsible for all Point of Care Testing within Health PEI

Clinical Service Area must complete POCT Request Form & submit to:

Holly Brasky, Provincial POCT Coordinator (hjbrasky@ihis.org)

To be completed by requestor:		
Name:	Department:	
Title:	Telephone:	
Date of Request:		
Test Information:		
Test Name:		
Location where testing will occur:		
POCT / Instrument / manufacturer suggested for evaluation:		
Request is for: <input type="checkbox"/> Replacement <input type="checkbox"/> New Implementation		
If replacement, specify system to be replaced:		
Reason for Request: (check all that may apply)		
<input type="checkbox"/> Safety	<input type="checkbox"/> Cost Savings	<input type="checkbox"/> Product Innovation / Improvement
<input type="checkbox"/> User Complaints	<input type="checkbox"/> Standardization	<input type="checkbox"/> Other
Justification for Request:		
Anticipated Impact on Cost of Patient Care: <i>Please use additional sheet if needed</i>		
Anticipated Impact on Patient Care Benefits/Outcomes:		
Staff expected to perform testing:		
Departments expected to be impacted by testing:		
Connectivity required:		
Projected annual volume of testing:		
Personnel to be responsible for implementation and training:		
Projected date of implementation:		
Submit Completed Request to Holly Brasky (hjbrasky@ihis.org)		
Request Received:		Requestor Notified:
To be completed by Provincial POC Team:		
Request: <input type="checkbox"/> Accepted <input type="checkbox"/> Denied <input type="checkbox"/> More Information Needed		
If accepted: Assigned to _____ for implementation		
If denied: Reason		
If more information needed: Specify:		
Date:	Additional Inquiries to:	
	Name:	Telephone:

*See reverse for process details and estimated timeline

PROCESS & TIMELINE – NEW POCT REQUEST

- Requestor
 - Identify POCT need
 - Complete & submit form to the POCT Coordinator / Health PEI POCT Testing Committee
- POCT Coordinator
 - Notify requestor re receipt of request within 5 business days
 - Advise requestor of estimated timeline
- Sub-Committee
 - Review submission (2 months)
 - Obtain clarification if required
 - Prepare preliminary assessment of need
 - Prepare & submit report to POCT Committee
 - Maintain open communication with requestor re status of request
- Provincial POCT Committee
 - Review the request & report from Sub-Committee
 - Provide a written response to the requestor (4 months)