

<b>MICHIGAN MEDICINE</b> Pathology - Point of Care Testing <b>Patient Result Form – Downtime Only</b>	MRN: NAME: BIRTHDATE: CSN:
---	-------------------------------------

Test Performed by: _____ _____ (Name) (Date/Time)	Date of Service, Ordering Provider Patient Name Patient MRN, DOB Patient Sex, Age, CSN
---	---

<b>Glucose:</b> mg/dL	<b>Urine Pregnancy</b>	pos	neg	Control OK
<b>CoaguChek INR:</b>	<b>Strep A Screen</b>	pos	neg	Control OK
<b>pH:</b>	<b>HemOccult</b>	pos	neg	Control OK
<b>HemoCue Hb:</b> g/dL	<b>Trichomonas</b>	pos	neg	Control OK
<b>Refractometer (SG):</b>	<b>ROM Plus</b>	pos	neg	Control OK
<b>Hemochron:</b> (also circle cartridge type): ACT    ACT-LR    PT/INR	<b>GeneXpert (P4PLX or PCOV2)</b>			
	<b>SARS-CoV-2</b>	pos		neg
	<b>Flu A</b>	pos		neg
	<b>Flu B</b>	pos		neg
	<b>RSV</b>	pos		neg

<b>Attach Instrument Printout Here</b>
Attach i-STAT, Clinitek, DCA, Cholestech, Piccolo, GEM, Rotem, Avoximeter, etc. printout here.

Use separate reporting forms for Manual UA, Urine Drug Screen, Osmolality, and PPM testing.

**Save Patient Result Forms locally for 2 years**