

**APPLICATION FORM FOR NEW POINT-OF-CARE TESTING (POCT) SERVICE**

**Requesting doctor (Please use name stamp if possible)**

Name and MCR number:	
Contact details:	
Department	

<b>Background information</b>	<i>(Please provide the required information here)</i>
Which new POCT process/device is proposed?	
Does the proposal for equipment to be acquired fully comply with the requirements of the Point-of-Care Testing policy?	
Is the test already available in the laboratory?	
Why should testing be performed at the point of care, rather in the laboratory?	
Has there been any discussion with the POCT Co-ordinator and/or relevant Laboratory Medicine and Pathology personnel? If so, with whom?	
What resources have been identified to support this POCT?	
Which group of patients needs the test?	
Is there a protocol or set of guidelines for selecting patients to test? If so, please enclose a copy.	
The requested test will be used for: <i>(Check all that apply)</i>	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnosis <input type="checkbox"/> Follow-up
What is the anticipated volume of tests per year?	
Are any confirmatory or additional tests required: (a) Using POCT devices? (b) In the laboratory?	
If so, how will these tests be funded?	
What are the clinical benefits of the proposed POCT?	
Which device is most suitable for your purpose?	
Are the appropriate facilities available, e.g. electricity, water, network point?	

<b>Costs (for POCT Committee's use)</b>	
What is the capital cost of the instrument (including GST)?	
What is the annual cost of consumables? <i>(Include all consumables, collection devices, quality controls, external quality assurance, and lease of devices, if applicable.)</i>	
What are the maintenance or servicing costs after expiry of guarantee?	
Is the cost of interfacing the device to the laboratory information system included in the cost? If not, what is the cost to interface?	
Does an IT port need to be installed?	
Is the cost of software or hardware to monitor and control the device from the laboratory included?	
Is the device HSA-registered?	
Will there be any potential health and safety problems? <i>(A risk assessment by Infection Control is mandatory prior to the approval of POCT equipment.)</i>	
Does the device have a UPS (Uninterrupted Power Supply) unit?	

<b>Endorsement by POCT Committee Chairperson</b>	<b>Approval</b>
Name:	
Signature:	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved
Remarks:	

<b>Further information</b>
Any proposed acquisition of new POCT equipment requires an application to the POCT Committee AND the following completed form to be returned to: The Chairperson, POCT Committee, c/o PA to Head of Service, Laboratory Medicine and Pathology.
The requested POCT service cannot commence until approval from the POCT Committee has been received. For enquiries, please call Laboratory Medicine and Pathology at 63611405.