POCT PATIENT RECONCILIATION FORM

FOR-POC-007

Issued: 21 September 2026 Approved by: J. Paynter

Austin HEALTH | Pathology

1. Tick reason below for using the POCT reconciliation form:

☐ **Incorrect UR number entered**	Notify the laboratory as soon as possible to retract results. Go to step 2	
☐ **No UR number is available at time of testing**	Use UR number **999999999** and DOB: **01/01/1900** (If unknown) Go to step 2	
☐ **Incorrect DOB or Name**	Go to step 2	

2. Fill in test details

Hospital:		**Time:**	
Device location / Ward:		**Date:**	
Device: (e.g., iSTAT, blood gas)		**Test Cartridge used:** (e.g., Chem8, gas, INR)	

3. Fill in details

☐ **UR 999999999** ☐ **Incorrect UR number** ☐ **Incorrect DOB** ☐ **Incorrect Name**

Provide Incorrect details entered on POCT device

UR: Surname: First Name: DOB:

Correct Patient details (Provide patient details below or attach patient bradma label)

UR: Surname: First Name: DOB:

Sex: M / F Address:

4. Sign and send form to POCT team

Acknowledgment Statement

I acknowledge the above details are correct for the patient tested and have notified the appropriate medical staff of this correction to patient details.

Operator Name:	Signature:	Operator ID:

Send completed form to poc@austin.org.au