CoaguChek Training Record

FOR-POC-035

Issued: 22 January 2025 Approved by: R.Nallas

First Name:	Last Name:	Employee No:
Hospital:	Department:	Position:
Email:		Date:
Training Type	☐ Initial/New ☐ Retraining ☐ Other (please specify)	

Training Outcome/Competency achieved	Yes√	N/A
Pre-Analytical		
Aware of local Safety Policy for Blood Collection and Handling.		
Can identify all the components of the CoaguChek Pro II system.		
Can locate the test strips and understands the storage and handling requirements.		
Knows that the code chip has to be inserted when a new lot of test strips is started.		
Aware of the sample requirements - Finger prick collection, first drop of blood, no alcohol contamination. Not for use on snake bite victim.		
Knows the time frame that is acceptable to run sample after collection.		
Acknowledges the need for correct patient identification.		
Analytical		
Can perform INR testing via finger prick collection following pathway on LWI-POC-030.		
Knows the importance of entering Patient Detail correctly and potential consequences if they are incorrect.		
Can locate the POCT Patient Reconciliation Form and is aware when this form must be used.		
Acknowledges responsibility for all testing done under your Login and will not share Login details.		
Post Analytical		
Will notify clinician of INR results and follow up with Urgent citrate tube to Pathology when required.		
Is aware to repeat tests with a new collection if results are unexpected and do not fit with patient's clinical status.		
Will follow up with Urgent citrate tube to Pathology if INR > 4.0 or error E-406 is produced.		
Can recall troubleshooting pathways and knows resources available and who to call for assistance.		
Maintenance		
Can describe the appropriate cleaning/disinfecting procedure if required.		
Superuser		
Can clean the Test strip guide as required.		
Can run and knows when to perform QC.		
Can run QAP samples.		
Familiar with ordering and storage requirements of consumables.		

Operator Declaration – Please read before signing

I have completed my CoaguChek training and am aware of my responsibility as a Point of Care Operator. I understand it is my responsibility to action critical results from the CoaguChek and I am responsible for testing done under my Operator ID.

I will not share my Operator ID **Operator Signature: X……** Sign here

POCT / Trainer to Complete

Operator to be registered as: Basic User ☐ Superuser ☐ Trainer ☐

Trainer Name:	Trainer Signature:

Send completed forms to poc@austin.org.au