Bassett Healthcare Network
Point of Care
Fecal Occult Blood Patient Log

Date	Time	Patient Label/Information	Card Lot #/Exp. Date Developer Lot #/Exp. Date	Fecal Occult Blood Result	Performance Control	Initials	Entered in EPIC	POC Review
		Patient Information Name:_____ Loc:_____ MRN:_____ D.O.S._____ Ordering Provider:_____ or Place Patient Registration label here.	Card Lot # _____ Exp. Date _____ Dev. Lot # _____ Exp. Date _____		Acceptable ☐			
		Patient Information Name:_____ Loc:_____ MRN:_____ D.O.S._____ Ordering Provider:_____ or Place Patient Registration label here.	Card Lot # _____ Exp. Date _____ Dev. Lot # _____ Exp. Date _____		Acceptable ☐			
		Patient Information Name:_____ Loc:_____ MRN:_____ D.O.S._____ Ordering Provider:_____ or Place Patient Registration label here.	Card Lot # _____ Exp. Date _____ Dev. Lot # _____ Exp. Date _____		Acceptable ☐			
		Patient Information Name:_____ Loc:_____ MRN:_____ D.O.S._____ Ordering Provider:_____ or Place Patient Registration label here.	Card Lot # _____ Exp. Date _____ Dev. Lot # _____ Exp. Date _____		Acceptable ☐			
		Patient Information Name:_____ Loc:_____ MRN:_____ D.O.S._____ Ordering Provider:_____ or Place Patient Registration label here.	Card Lot # _____ Exp. Date _____ Dev. Lot # _____ Exp. Date _____		Acceptable ☐			

NOTE: All data is reviewed by the Point of Care technical staff during regularly scheduled site visits. The review encompasses information from the last review date to the current review date. Staff performing tests are responsible to ensure that results are within acceptable range.