

Bassett Healthcare Network

Point of Care

Hemoglobin and PT/INR Patient Result Log

Date	Time	Patient Label/Information	PT (sec)	INR	Internal QC	Hemoglobin g/dL	Initials	Entered in EPIC	POC Review
		Patient Information Name: _____ Loc: _____ MRN: _____ D.O.S. _____ Ordering Provider: _____ or Place Patient Registration label here.			Acceptable <input type="checkbox"/>				
		Patient Information Name: _____ Loc: _____ MRN: _____ D.O.S. _____ Ordering Provider: _____ or Place Patient Registration label here.			Acceptable <input type="checkbox"/>				
		Patient Information Name: _____ Loc: _____ MRN: _____ D.O.S. _____ Ordering Provider: _____ or Place Patient Registration label here.			Acceptable <input type="checkbox"/>				
		Patient Information Name: _____ Loc: _____ MRN: _____ D.O.S. _____ Ordering Provider: _____ or Place Patient Registration label here.			Acceptable <input type="checkbox"/>				
		Patient Information Name: _____ Loc: _____ MRN: _____ D.O.S. _____ Ordering Provider: _____ or Place Patient Registration label here.			Acceptable <input type="checkbox"/>				

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.