Service: SHYPS/Point of Care Testing/Y&S

Filename: PC/FOR/YS-11
Title: POCT Training Log

Version: 01

Date of Issue: June 2024 Owner: Rachel Lampard

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POCT Training Log

Trainer/s:	Month:	Year:

Date	Equipment	First name	Surname	Email address	Operator ID	Passcode	Ward	Signature		FOR POCT ONLY	
				@nhs.net	from your barcode	6 <u>numbers</u>		_	On Aegis / Cobas	Barcode sent	Recorded on LH