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

Filename: PC/FOR/YS-22

Version: 1.0

Date of Issue: May 2024 Owner: Rachel Lampard

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Link Training Log

Date:	
Name of Trainer:	
Name of equipment:	
Trainee Full Name:	
Work email address:	
Ward:	
Role:	
POCT Operator ID:	
(Letters on yellow barcode if known)	
6 NUMBER passcode:	
Signature:	
Barcode required:	YES / NO