

## Initial Self Assessment Form for proposed introduction of POCT device

The following self assessment form is to aid the safe introduction of POCT devices/processes into NHS Lothian. It will ensure that appropriate support is available and that efforts are not duplicated, e.g. in the preparation of standard operating procedures, clinical governance issues including risk management and training.

If any new Point of Care Testing (POCT) device/process is being proposed please answer the following questions and send the completed form to the POCT Committee for discussion and support.

<b>What new POCT process/device is proposed?</b>			
<b>Proposed location of the new POCT process/device?</b>			
<b>Name of person proposing the new POCT?</b>			
<b>What is the reason for POCT rather than laboratory analysis?</b>			
<b>Has discussion with the local laboratory taken place?</b>		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>If so, with whom?</b>			
<b>What are the anticipated advantages in using POCT rather than lab analysis?</b>			
<b>What are the anticipated disadvantages in using POCT rather than lab analysis?</b>			
<b>Who will be the named person responsible for the new POCT device/ process?</b>			
<b>Who will have responsibility for necessary training?</b>			
<b>How will this training be carried out?</b>			
<b>What extra staff time is involved in performing the POCT device/process?</b>			
<b>What maintenance requirements are necessary?</b>			

Has the relevant department (e.g. Facilities) been informed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What happens if the device/process breaks down?				
What is the annual cost for the POCT device/process? (Include all consumables, maintenance costs, collection devices, quality control costs, EQA schemes, interface costs – including installation & maintenance).				
Who will manage the ordering of consumables and arrange maintenance contracts and emergency call outs?				
Who will actually perform the POCT?				
Will the users be restricted to staff in the location of the POCT process?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, please explain				
Has the Laboratory been consulted with regard to units, reference ranges, sample types and correlation with laboratory results?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
What are the IT and data management requirements? (connectivity, interface with LIMS)				
Name of person responsible for producing the Standard Operating Procedure for the POCT process/device				
Have you read the NHS Lothian Point of Care Testing Policy?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Can you assure the above requirements will be complied with if the new POCT process/device proposed is supported?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Signed:		Date:	
Print name:			
Job title:			
Location			
Telephone number:		Email:	