BVHS Laboratory Point of Care Testing

POCT Analyzer / Equipment Repair Log Site / Location: _____

Instrument: _____ Serial Number:_____

Date: _____ Trained operator: _____

Describe problem and solution. Include Technical Service name, phone number and any pertinent information such as warranty, instrument replacement, and/or part numbers. Document any input from Bio-Med, Laboratory, IT, Purchasing, and/or Vendor staff. Include names, titles, date and time. Attach a copy of any related emails.

LTR49430

Supervisory review by: _____ Date: _____