

**New Test/Instrument Request Form**

Test Analyte: \_\_\_\_\_

Method/Kit/Instrument: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

Test Site / Location: \_\_\_\_\_

CLIA test complexity:  Waived  PPM  Moderately complex  Highly Complex

Does BVH or Bluffton Hospital Main Laboratory currently do this laboratory test?  yes  no

Briefly explain why the current central laboratory services do not fulfill your needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate the number of point of care tests to be performed: \_\_\_\_\_ month \_\_\_\_\_ year

Who will be performing this test and how many would need to be trained?

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the potential patient care benefits/outcomes with implementing this test/instrument:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the potential additional costs or cost savings with implementing this test/instrument:

\_\_\_\_\_  
\_\_\_\_\_

CLIA Laboratory Medical Director: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Request Received: \_\_\_\_\_  Approved  Disapproved

POCT Coordinator: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Administrative Director: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Laboratory Medical Director: Signature: \_\_\_\_\_ Date: \_\_\_\_\_