

Unknown or Incorrect Patients Reconciliation Form



Device Location	
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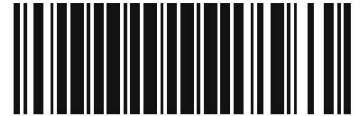
Ensure you fill out all required fields on this form and **email/fax** completed form to your Choose an item. .

Note: It is the responsibility of the operator completing this form to ensure that appropriate medical staff have been advised of this correction to patient results.



ONLY use 999999999 (nine nine's) when no patient MRN/AuID is available. Please use the barcode scan image on this form or the Unknown Patient ID card at the device to ensure correct entry.

Unknown Patient



Date of Test	Time of Test	Test Type	Device Type
Unknown or Incorrect Patient ID entered			
MRN/AuID:	Name:	DOB:	
Correct MRN/AuID (Please provide the correct patient details below or attach a sticky label)			
MRN/AuID:	Name:	DOB:	
❖ For Radiometer ABLs, please tick this box if you have reconciled this on the device <input type="checkbox"/>			
Comments (Please provide any addition details below)			

Acknowledgement Statement

I acknowledge the above details are correct for the patient tested and have notified the appropriate medical staff of this correction to patient results. I have sent this form to the local NSW Health Pathology PoCT Coordinator.

Operator Name:	Stafflink ID:	Signature:

Return form to:

Fax:	Email: