

3. REQUEST FOR NEW TESTING FORM

Instructions

Complete all fields of this form. The cost analysis worksheet is a tool to help you determine the costs associated with the testing you are requesting. Purchasing and the point of care team can help you work through those details once method selection is complete.

General Information

Requesting site _____ Date of request _____

Contact person _____ Phone number _____

Department Corp and cost center number _____

POCT Planning:

Do you have a CLIA certificate? No Yes

CLIA Form # (Please attach a copy) _____ Expiration _____

Will this site be accredited by Joint Commission? No Yes Other

Do you have a temperature monitored refrigerator available? (Some methods require this) No Yes

Estimate of number of potential users _____

Job categories of potential users _____

CPT code _____

Approved Test Methods in use

Please check the approved methods you would like to perform:

Waived Testing

- | | | | | | |
|--|--|---|--|--|-------------------------------|
| <input type="checkbox"/> Glucose | <input type="checkbox"/> Group A Rapid Strep | <input type="checkbox"/> Glucose Urine Dipstick | <input type="checkbox"/> Urine Automated Chemistry | <input type="checkbox"/> Urine Pregnancy | <input type="checkbox"/> INR |
| <input type="checkbox"/> pH Analysis - Vaginal | <input type="checkbox"/> Hemoglobin | <input type="checkbox"/> Guaiac Occult Blood | <input type="checkbox"/> HbA1c | <input type="checkbox"/> Mono | <input type="checkbox"/> Lead |
| <input type="checkbox"/> COVID | <input type="checkbox"/> Flu A & B | | | | |

Waived testing sites must agree to provide two levels of competency evaluations for staff. The point-of-care department will train and authorize two Trainers/Competency performers per practice to perform direct observation of test performance prior to patient testing and annually thereafter. Staff will also take a quiz to assess knowledge of procedure and problem-solving skills. Personnel in practice to be checked off as Trainers/Competency performers.

Moderately Complex

Blood Gas ACT Oxyhemoglobin/Total Hemoglobin Provider Performed Microscopy

Moderately complex testing sites must agree to provide six levels of competency assessment including:

- Directly observe test performance, including patient preparation, specimen handling, processing, and testing.
- Monitor the recording and reporting of test results.
- Review worksheets, QC records, PT results, and preventative maintenance records.
- Directly observe performance of instrument maintenance and function checks.
- Assess test performance using previously analyzed samples.
- Assess problem solving skills.
- Evaluate and document testing personnel performance at least semiannually for the first year and annually thereafter.

Test Methods not listed above (if no new test methods are requested skip to Acknowledgement)

Test name _____

Instrument or device and manufacturer _____

Number of instruments _____

Has Compliance New Services Research Assist Template been submitted to Compliance? No Yes

Test complexity classification:

Waived Moderately complex Provider Performed Microscopy Procedure

Number and type of personnel to perform test _____

Assessment of Need

Clinical justification (patient benefits not obtainable by testing sent to laboratory, including turnaround time):

Cost justification (including offsetting cost savings, i.e., cost savings with decreased turnaround time):

Current approximated turnaround time from time of collection to lab result: _____

Current daily test volume sent to the laboratory: _____ /day

Anticipated daily volume of POCT: _____ /day

Anticipated daily volume sent to the lab after implementation of POCT: _____ /day

Acknowledgement

Evaluation of Request

Recommend Approval. Test meets requirements

Do Not Recommend Approval. Reason: _____

Pending. Need additional information: _____

Point of Care Coordinator Laboratory Admin. Director _____ Date _____

Copies of the Request will be submitted to the Laboratory Medical Director after review and recommendation.

Final Evaluation by Laboratory Medical Director

Approved

Not Approved. Reason: _____

Laboratory Medical Director _____ Date _____

Point of Care Testing Program - Cost Analysis Worksheet

Date Prepared: _____ By: _____

Test Site: _____ Phone _____

Test Name: _____

Kit/Instrument: _____

Equipment

Instrument Cost: \$ _____ Number of instruments: _____ Total Capital Cost: \$ _____

Annual repair and maintenance expense: \$ _____ Life of instrument in years: _____

Interface cost: \$ _____ Annual fees: \$ _____

Supplies and Controls

The manufacturer should be able to provide wastage and cost per test estimates.

Reagents and disposables, cost per test: \$ _____

Annual volume, patient tests: _____

Annual volume, repeat/wastage: _____

Annual volume, controls, proficiency testing: _____

Annual volume, Total: _____

Annual cost per test: \$ _____

(Reagents & disposables cost per test multiplied by total annual volume)

Annual cost of controls/proficiency testing: \$ _____

Total: \$ _____

(Add annual cost per test and annual cost of controls/proficiency testing)

Labor Costs

Set up time covers the time it takes to prepare for testing. Include time spent to gather supplies and equipment, clean, calibrate, and maintain the instrument before and after all testing is done. Test time includes the time it takes to collect a specimen, perform the test, and log results.

Set up time, in minutes _____

Test time, in minutes _____

Labor cost per hour: \$ _____