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|  |  | **POINT OF CARE DEVICE PROBLEM CARD** |  |
| POCC (469) 698-1755 | deshon.wilson@phrtexas.com |
|  |  |  |
|  | DATE: |  |  |  |  | Glucometer (Precision Xceed Pro) |  |
|  |  |  |  |  |  |  |  |
|  | NAME:  |  |  |  |  | i-STAT |  |
|  |  |  |  |  |  |  |
|  | EMAIL: |  |  |  |  | Nova |  |
|  |  |  |  |  |  |  |
|  | Other Device: |  |  |  |  | Docking Station |  |
|  |  |  |  |  |  |  |  |
|  | Device Location | Malfunctioned Device Serial/Asset Number | Replacement Device Serial/Asset Number |  |
|  |  |  |  |  |
|  |  |  |
|  | **PROBLEM (Include error code if applicable):** |  |
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|  | **Place in Point of Care Coordinator’s mailbox in the laboratory** |  |

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|  |  | **POINT OF CARE DEVICE PROBLEM CARD** |  |
| POCC (469) 698-1755 | deshon.wilson@phrtexas.com |
|  |  |  |
|  | DATE: |  |  |  |  | Glucometer (Precision Xceed Pro) |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  | EMAIL: |  |  |  |  | Nova |  |
|  |  |  |  |  |  |  |
|  | Other Device: |  |  |  |  | Docking Station |  |
|  |  |  |  |  |  |  |  |
|  | Device Location | Malfunctioned Device Serial/Asset Number | Replacement Device Serial/Asset Number |  |
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|  | **PROBLEM (Include error code if applicable):** |  |
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|  |  |  |
|  | **Place in Point of Care Coordinator’s mailbox in the laboratory** |  |