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

☐ Glucose ☐ Group A Rapid Strep ☐ Glucose Urine Dipstick ☐ Urine Automated Chemistry ☐ Urine Pregnancy ☐ INR

☐ pH Analysis - Vaginal ☐ Hemoglobin ☐ Guaiac Occult Blood ☐ HbA1c ☐ Mono ☐ Lead

☐ COVID ☐ 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)

<table>
<thead>
<tr>
<th>Test name</th>
<th>Instrument or device and manufacturer</th>
<th>Number of instruments</th>
<th>Has Compliance New Services Research Assist Template been submitted to Compliance?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>No</td>
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</table>

**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:** 

**Anticipated daily volume of POCT:**

**Anticipated daily volume sent to the lab after implementation of POCT:**
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: $ ______________