UC Davis Health Pathology and Laboratory New Point-of-Care (POC)Test Request Form

INSTRUCTIONS

The Department of Pathology and Laboratory Medicine approves all new in vitro diagnostic tests including point-ofcare tests at UC Davis Health. Requests are reviewed by Pathology and Laboratory Medicine. Additional review is required via the hospital Laboratory Test Utilization Committee. Please fill out the form and address all items. Requestor email this completed form to hs-newlabtest@ucdavis.edu.

Requesting Provider: Hospital Department / Division: Email: Phone#: B. TEST/PRODUCT CATEGORY New POC Test/Product Name: Manufacturer: CLIA Complexity: Q Waived Intended Users: User Education Level: Location for Testing (provide exact location at your facility): IT Requirements (does device have means to connect to EMR): YES NO Anticipated No. of Tests used per Day/Month/Year: Estimated Cost/Reimbursement for New Test Request: Test/Product Utilization: Demographic (check all that apply): Inpatient Outpatient Research Oversight Committee (CROC) intake form: https://ctscassist.uodme.ucdavis.edu/ctscassist/surveys/?s=TETKKYMTEM C. SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION (SBAR) Please provide justifications for the new test or product using the "SBAR" format. Note: Requests for alternative tests/products that are either available in-house or through an existing approved referral laboratory require inclusion of clinical and analytical data (<i>i.e.</i> , literature) explaining why one method is better than another. SITUATION, REQUESTING DEPARTMENT CHAIR / DIVISION CHIEF APPROVAL Signature: Print Name: Date: Primary Laboratory Section: Section Supervisor / Manager: Other(?): Section Supervisor / Manager: Other(?):	A. REQUESTING PROV	/IDER / SERVICE / CONTACT			
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