



Application for Endorsement and Acquisition of POCT Device/Equipment

PART A (To be completed by the applicant)

From: _____ To: **Chairman, NTEC POCT Coordinating Committee** _____
Department: _____ Tel: _____

1. Quantity, location and description of POCT device requested

2. Estimated cost (To be borne by Department)

- (a) Unit cost HK\$: _____ Total cost HK\$: _____
(b) Cost of connection to LIS, e.g. server, ports etc., if any HK\$: _____
(c) Estimated cost of consumables per annum HK\$: _____

3. Purpose

For **Replacement** (Fill in item 4)
Additional item(s) (Fill in item 5)
New item(s) (Fill in item 6)

4. For Replacement

Details of POCT device to be replaced:

- (a) EAM no. and location: _____
(b) Date of purchase (if available): _____
(c) Breakdown frequency in the past 12 months: _____

5. For Additional item(s)

- (a) Number of existing POCT device(s) with similar functions: _____
(b) Date(s) of purchase: _____
(c) Justifications (Use separate sheet if required):



6. For New item(s)

(a) Categories of patients and the estimated number per year who could be benefited from the provision of the new POCT device:

(b) Other justifications (*Use separate sheet if required*):

(c) Expected grade of staff as operators: _____

(d) Provision of training by: vendor _____ other: _____

(e) Is External Quality Assurance Program (EQAP) available? Yes No

If yes, estimated cost per annum HK\$: _____

PART B (*To be completed and signed by responsible clinician of POCT devices of the department*)

 Signature

 Designation

 Name in Block Letters

 Department/Unit

 Hospital

 Date

Note:

(i) *Attach quotation / equipment specifications / catalogues of the requested POCT devices if available.*

(ii) *Send the completed "Application for Endorsement and Acquisition of Point-of-Care Testing Device" form to the Secretary of NTEC POCT Coordinating Committee.*

PART C (*To be completed by NTEC POCT Coordinating Committee*)

Committee Ref. no.: _____ Date: _____

Supported

Supported with remarks: _____

Supported at cluster level and please escalate to HA POCT Committee for endorsement

Not supported with remarks: _____