



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** (Complete Section 4)
- Additional item(s)** (Complete Section 5)
- New item(s)** (Complete Section 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 Ms Vienna Chung** by email (chc582@ha.org.hk).

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: _____

Reviewed by NTEC POCT Coordinating Committee Chairman: _____