

NTE Cluster Hospitals PxP System Inventory Record

Please fill in ink. Any correction made should be crossed and signed.

Section I

Location: _____
(Hospital / Ward)

Date: _____

Section II Inventory Items

Installation Replacement Collection

1. Precision PxP Analyser

A. Handset () units	B. Terminal Server () units	Remark / Error
i) S/N ()	i) S/N ()	
ii) S/N ()	ii) S/N ()	
iii) S/N ()	iii) S/N ()	
C. Downloader () units (no S/N required)		

2. i-STAT 1 Analyser

A. Handset () units	B. Downloader () units	Remark / Error
i) S/N ()	i) S/N ()	
ii) S/N ()	ii) S/N ()	
iii) S/N ()	iii) S/N ()	

Section III Handled by (Pathology Staff / Vender Service Team)

Name and 331 User Code (if applicable): _____

Signature: _____

Section IV Acknowledged by (Clinical Staff)

Name and 331 User Code (if applicable): _____

Signature: _____