HemoCue Training Register

Hospital and Ward No:

Date of Training:

Name of Trainer:

Forename	Surname	Analyser Training	Ward(s) access required for	Operator ID (7/8 DIGIT NO.)	E-mail address	Key Trainer	Observational Assessment Complete
e.g. JOE	*BLOGGS*	*HemoCue*	*L45*	*1234567*	*Joe.bloggs1234@nhs.net*		✓