Roche CoaguChek Pro II Training Register

Hospital and Ward No:

Date of Training:

Name of Trainer:

Forename	Surname	Analyser Training	Site(s) access required for	Operator ID (7/8 DIGIT NO.)	E-mail address	Key Trainer
e.g. JOE	*BLOGGS*	*CoaguChek*	*CROSS SITE*	*1234567*	*Joe.bloggs1234@nhs.net*	