

Roche CoaguChek XS Pro Training Register

Hospital and Ward No:

Date of Training:

Name of Trainer:

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