The Leeds Teaching Hospitals **NHS**
NHS Trust

Roche Cobas LIAT Flu/Covid Training Register

Hospital and Ward No:

Date of Training:

Name of Trainer:

Forename	Surname	DOB (DD/MM/YY)	Ward Department	Analyser Training	Site(s) access required for	Operator ID (7/8 DIGIT NO.)	E-mail address	Observational Assessment Complete
e.g. JOE	BLOGGS	13/02/51	A&E	Flu/Covid	LGI/SJUH/ Cross site	Barcode from ID Badge **MUST be provided**	Joe.bloggs1234@nhs .net	✓