Urinalysis Training Register

Hospital and Ward No:

Date of Training:

Name of Key Trainer:

*Please note that hCG testing is only available to select wards.

Forename	Surname	Type of Training given: Strip testing and/or hCG testing	Site(s) access required for	Operator ID (7/8 DIGIT NO.)	E-mail address	Observational Assessment Complete
e.g. JOE	BLOGGS	Strip testing	CROSS SITE	1234567	Joe.bloggs1234@nhs.net	✓