**Discrepant Blood Glucose Meter Results Form**

Please complete the form below providing as much detail as possible in the details given section.

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| --- | --- |
| **Information Required** | **Details Given** |
| Full Name and Job Title of Staff Member who analysed the sample |  |
| Ward/Unit working on and Contact Number |  |
| Glucose Meter Name and Serial No. thatDiscrepant Sample was run on |  |
| Date and Time of Discrepant Sample Analysis (dd.mm.yyyy) and (hh:mm) |  |
| Glucose Meter Name and Serial No.that Comparison Sample was run on |  |
| Date and Time of Comparison Sample Analysis (dd.mm.yyyy) and (hh:mm) |  |
| Where was the sample taken from? (e.g. finger, heel?) Was the site clean? |  |
| 1. Age and medical condition of the patient concerned. What medication is the patient on?
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| 1. Did the patient receive any treatment as a direct result of the sample result?
 |  |
| 1. Was the result queried immediately?
 |  |
| Contact details of the care giver involved in the issue so that they can be contacted for further information if required. (name, direct phone number and/or email) |  |

Once completed please e-mail this form to Point of Care Testing

([leedsth-tr.pointofcare@nhs.net](file:///C%3A%5CUsers%5CWilkesH%5CDownloads%5Cleedsth-tr.pointofcare%40nhs.net)). If you need any help or advice completing the form contact Point of Care Testing on ext. 22338.

Point of Care will then forward this information to our Clinical Lead, POCT Manager and/or Nova Biomedical along with copies of the discrepant and comparison results for further investigation.