



Roche CoaguChek Pro II Training Register

Hospital and Ward No:

Date of Training:

Name of Trainer:

Please complete your name in **BLOCK CAPITALS**. This form may be rejected if it is not clearly readable.

Scan your ID badge barcode with the CoaguChek to obtain your operator ID.

First Name	Last Name	Key Trainer (tick only if required)	Site(s) access required for	Operator ID (7/8 DIGIT NO.)	Email Address	Competency Assessment Completed
e.g. ARMAND	QUICK	✓	Wing and Site e.g. Jubilee, LGI	Barcode from ID Badge MUST be provided	armand.quick78@nhs.net	(Initials of Trainer)