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 (7/8 DIGIT NO.)	E-mail address	Key Trainer	Observational Assessment Complete
e.g. JOE ✔	BLOGGS	Coaguchek XS Pro	CROSS SITE	1234567	Joe.bloggs1234@nhs.net		✔