

Participant No.

2010 POINT OF CARE – INR

POC INSTRUMENT NAME: _____				
INSTRUMENT SERIAL NUMBER: _____				
STRIP/CARTRIDGE LOT NO: _____ EXP DATE _____ CODE _____				
DUE DATE	SAMPLE NUMBER			UNITS
□□/□□	POC10-□□a		POC10-□□b	
INR-A Recalcified plasma	Result	<input type="checkbox"/> Below <input type="checkbox"/> Therapeutic <input type="checkbox"/> Above	Result	<input type="checkbox"/> Below <input type="checkbox"/> Therapeutic <input type="checkbox"/> Above
	□.□		□.□	

DATE RECEIVED: □□ □□ □□

DATE RETURNED: □□ □□ □□