

UC Davis Health Pathology and Laboratory

New Point-of-Care (POC) Test Request Form

INSTRUCTIONS

The Department of Pathology and Laboratory Medicine approves all new *in vitro* diagnostic tests including point-of-care tests at UC Davis Health. Requests are reviewed by Pathology and Laboratory Medicine. Additional review is required via the hospital Laboratory Test Utilization Committee. Please fill out the form and address all items. Requestor email this completed form to hs-newlabtest@ucdavis.edu.

A. REQUESTING PROVIDER / SERVICE / CONTACT

Requesting Provider: _____

Hospital Department / Division: _____

Email: _____ Phone#: _____

B. TEST/PRODUCT CATEGORY

New POC Test/Product Name: _____

Manufacturer: _____

CLIA Complexity: Waived Moderate

Intended Users: _____

User Education Level: _____

Location for Testing (provide exact location at your facility): _____

IT Requirements (does device have means to connect to EMR): YES NO

Anticipated No. of Tests used per Day/Month/Year: _____

Estimated Cost/Reimbursement for New Test Request: _____

Test/Product Utilization:

Demographic (check all that apply): Inpatient Outpatient Emergency Department

Clinical Trials / Research: New tests/products/processes for research must also complete the Pathology Clinical Research Oversight Committee (CROC) intake form:

<https://ctscassist.ucdmc.ucdavis.edu/ctscassist/surveys/?s=TFTKKYMTFM>

C. SITUATION, BACKGROUND, ASSESSMENT, RECOMMENDATION (SBAR)

Please provide justifications for the new test or product using the "SBAR" format. Note: Requests for alternative tests/products that are either available in-house or through an existing approved referral laboratory require inclusion of clinical and analytical data (*i.e.*, literature) explaining why one method is better than another.

**SITUATION,
BACKGROUND
ASSESSMENT
RECOMMENDATION**

REQUESTING DEPARTMENT CHAIR / DIVISION CHIEF APPROVAL

Signature: _____ Print Name: _____ Date: _____

REVENUE INTEGRITY PROGRAM REVIEW/APPROVAL

Signature: _____ Print Name: _____ Date: _____

PATHOLOGY USE ONLY

Primary Laboratory Section: _____ Other(?): _____

Section Supervisor / Manager: _____

Status: Approved Not Approved

Section Medical Director: _____