

University of Colorado Hospital
Clinical Laboratory
Point of Care Testing

Precision Xceed Pro Glucose Meter Exchange Form

To be completed by clinic/unit before returning a meter to the lab

Clinic/Unit & Floor that is returning this meter: _____ Phone# _____ Date: _____ Time: _____ Person returning the meter _____ Meter serial number (located at the back of the meter): _____ Were batteries voltage checked? <input type="checkbox"/> YES <input type="checkbox"/> NO What was the voltage? _____ Were the batteries changes? <input type="checkbox"/> YES <input type="checkbox"/> NO Briefly describe the problem: <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 5px 0;">Was there an error message? _____</div> <p style="text-align: center;">PLEASE decontaminate meter before it leaves your area!</p>

To be completed by laboratory person performing the meter exchange

New meter serial number _____ Name of person from the lab exchanging the meter: _____ Name of the person from the unit/clinic receiving the new meter: _____ New location for the new meter: _____

To be completed by POCT office

Was the "broken" meter electronically moved to the Laboratory location? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the "new" meter electronically moved to new location? <input type="checkbox"/> YES <input type="checkbox"/> NO
<u>After troubleshooting</u>
Was the meter fixed and placed back in the "loaner pool drawer"? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the fixed meter electronically moved into a "laboratory location? <input type="checkbox"/> YES <input type="checkbox"/> NO
Was the meter electronically moved into "Returned to Abbott" location? <input type="checkbox"/> YES <input type="checkbox"/> NO
Process completed by: _____ Date: _____