



Glucose Meter Discrepant Results Investigation Questionnaire

Please answer these questions in order for the POCT office to accurately evaluate your meter's performance. Once completed, please fax (410-502-2232) or e-mail (POCT_Group@jhmi.edu) your questionnaire to the POCT office. Upon completion of your questionnaire and our evaluation, you will be contacted with a full report of our findings. Thank you for your cooperation. Any questions, please call 5-2645.

1. Identification number(s) of Nova Stat Strip Glucose meter(s) used to perform the patient sample testing.
2. Operator's name and ID number.
3. Name and history number of the patient.
4. Date and time patient's sample was tested on the clinical unit.
5. Type of sample used to test on clinical unit, i.e. capillary, central line, venous, etc.
6. Date and time the specimen was sent to the clinical laboratory and the name of the laboratory where the sample was sent, i.e. CCL, Core Lab, etc.
7. What medications are being administered to the patient?
8. What clinical and underlying conditions does the patient have?
9. Please add any supplementary information that will help in the meter investigation.