## DAILY LOG SHEET

**SYSMEX POCHI ANALYSER Month/Year: ........................................ /...............**

**Daily Log:**

QC Check must be performed every day the PocHi is used.

* + - The shutdown procedure must be done at the end of each working day the PocHi is used.
		- Change reagents must be done each time the machine prompts.
		- Number of tests must be recorded each working day.
		- NEQAS Check must be recorded each month.
		- Problems must be recorded as and when they happen in the “problems” section below.

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| **Day:** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** |
| Change PocHi Pack 65 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Shutdown |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste Chamber Clean |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Transducer Cleaning |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NEQAS (monthly) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No. of Tests |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Initials:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Date** | **Problems:** |
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**CLOZAPINE CLINIC LOG SHEET**

**Clinic date…………………… Sheet………. Of ……………**

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| **PATIENT NAME** | **DOB** |  **NHS Number** | **CLOZAPINE PRESCRIPTION** | **ARRIVED** | **TEST DATE/RESULT** | **DISPENSED** |
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##  Prescriptions completed by…………………………… (Print name) …………………………………… (Signature)

 **Medication checked in by ……………………….. (Print name) ……………………………….. (Signature)**

 **Result checked/medication dispensed by ………………………………… (Print name) …………………………….. (Signature)**

**CLOZAPINE CLINIC LOG SHEET**

**Clinic date…………………… Sheet………. Of ……………**

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| **PATIENT NAME** | **DOB** | **NHS Number** | **CLOZAPINE PRESCRIPTION** | **ARRIVED** | **TEST DATE/RESULT** | **DISPENSED** |
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##  Prescriptions completed by…………………………… (Print name) …………………………………… (Signature)

**Medication checked in by ……………………….. (Print name) ……………………………….. (Signature)**

**Result checked/medication dispensed by ………………………………… (Print name) ……………………………..**