## Point of Care Testing (POCT) Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection:_____/_____/_____

| Ref. | Description | Yes | No | N/A | Remarks |
|---|---|---|---|---|---|
| **5** | **STANDARD ONE: GENERAL REQUIREMENTS** | | | | |
| 5.2 | Licensed health facilities shall list the POCTs offered and have them visibly placed for patient access and have a documented quality control program. | | | | |
| **6** | **STANDARD TWO: HEALTH FACILITY REQUIREMENTS** | | | | |
| 6.6 | The basic POCT list includes the following, but not limited to: | | | | |
| 6.6.1 | Blood glucose glucometer | | | | |
| 6.6.2 | HbA1c measurement | | | | |
| 6.6.3 | Urine pregnancy tests | | | | |
| 6.6.4 | Haemoglobin and Haematocrit (by finger prick) | | | | |
| 6.6.5 | Urine dip stick for urine analysis | | | | |
| 6.6.6 | Cardiac Troponin (FDA and/CE marked analysers) for myocardial infarction detection, Myoglobin and Fatty Acid Binding Protein (FABP) | | | | |
| 6.6.7 | Full Blood count/ Complete Blood count | | | | |
| 6.6.8 | D-dimer test | | | | |
| 6.6.9 | Bilirubinometer | | | | |
| 6.6.10 | Blood gas analyser with electrolytes | | | | |
| 6.6.11 | Prothrombin Time (PT) and International Normalized Ratio (INR) for coagulation study | | | | |
| 6.6.12 | Molecular POCT testing (NEAR Technology) CLIA Waived (FDA approved) | | | | |

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| 6.6.13 | COVID-19 | | | | |
| 6.6.14 | Flu A/B | | | | |
| 6.6.15 | Streptococcal A | | | | |
| 6.6.16 | RSV | | | | |
| 6.6.17 | Rapid test kits for infectious disease limited to: | | | | |
| a | Influenza virus- nasal swabs | | | | |
| b | Rapid Strep A- nasal swabs | | | | |
| c | Respiratory Syncytial Virus (RSV)- nasal swabs/ nasal wash | | | | |
| d | Adeno virus- nasal swab | | | | |
| e | Rota Virus- in stool | | | | |
| f | Adenovirus- in stool | | | | |
| g | Malarial antigen- in blood | | | | |
| h | Dengue Rapid Detection Test | | | | |
| i | Giardia- in stool | | | | |
| j | Cryptosporidium- in stool. | | | | |
| k | COVID-19 Antigen (Nasal/Nasopharyngeal) | | | | |
| l | H pylori - Stool | | | | |
| m | Faecal Occult Blood – Stool | | | | |
| n | Norovirus – Stool | | | | |
| 6.6.18 | Molecular (PCR/NAT) genetic test for the following: | | | | |
| a | HBC/HCV PCR (for virus detection) | | | | |
| b | HIV PCR (for virus detection) | | | | |
| **9** | **STANDARD FIVE: EQUIPMENT SELECTION AND IMPLEMENTATION** | | | | |
| 9.5 | The SOPs shall include: | | | | |
| 9.5.1 | Principle of normal operation techniques | | | | |
| 9.5.2 | Health and safety requirements | | | | |
| 9.5.3 | Specimens required, patient sample and request form identification criteria and specimen handling | | | | |
| 9.5.4 | Hazard warning and safety information | | | | |

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| 9.5.5 | Contra-indications and limitations of the instrument and technique | | | | |
| 9.5.6 | Perform of routine operations such as maintenance and routine internal and external decontamination | | | | |
| 9.5.7 | Basic troubleshooting if an instrument malfunction is recognised | | | | |
| 9.5.8 | Preparation of reagents and other materials | | | | |
| 9.5.9 | Calibration | | | | |
| 9.5.10 | Quality control procedures | | | | |
| 9.5.11 | Sample analysis procedures | | | | |
| 9.5.12 | Reporting of results, including abnormal results | | | | |
| 9.5.13 | Documentation/transmission of results | | | | |
| 9.5.14 | Criteria for referral of samples | | | | |
| 9.5.15 | Criteria for Critical Values and/or unusual values and reporting | | | | |
| 9.5.16 | Limitations of the procedure | | | | |
| 9.5.17 | Reference values | | | | |
| 9.5.18 | Specimen storage, stability and transfer to a clinical laboratory | | | | |
| 9.5.19 | Safe disposal of reagents and biological material | | | | |
| 9.5.20 | Safe handling of all specimens and spillages | | | | |
| 9.5.21 | Sample collection | | | | |
| 9.5.22 | Clinical utility and limitations | | | | |
| 9.5.23 | Reagent storage | | | | |
| 9.5.24 | Technical limitations of the device | | | | |
| 9.5.25 | Response to results that fall outside of predefined limits | | | | |
| 9.5.26 | Infection control practices/policy with special reference to hand held devices | | | | |
| 9.5.27 | Correct documentation and maintenance of results. | | | | |