**Stage 1:** Complete Freestyle Precision Pro Blood Glucose Meter Operator trainingand obtain your unique barcode **NB:** You can only get access to ketones once glucose training has been completed.

**Stage 2: Learnpro Module Completion**

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* Complete Learnpro module “**GGC:211 FS Precision Pro - Ketone”**
* Complete Learnpro module “**GGC:279 Capillary Blood Ketone testing for Ward and**

**Theatre Nurses**

**and/or**

* Complete Learnpro module “**GGC:280 Capillary Blood Ketone testing for Prescribers**
* Print pass certificates
* Arrange competence check with a cascade trainer
* Complete form below

**Stage 3: Trainee Details**

**Trainee:** Full Name (Please Print)……………………………………………………

Hospital + Ward for sending barcode …………………………….. Contact No……………

Name on POC Barcode if recertifying an expired barcode………………………………………

At which hospital sites do you require to use the blood Glucose meters?

QEUH/Vic/RHC RAH/VOL/IRH GRI/GGH/Stobhill **Tick all that apply**

**Declaration**

**I agree to be the sole user of my unique password barcode. I will not disclose this barcode to other users or allow other users to operate the meter or perform a test with my unique barcode. I fully understand the consequences of misuse. I understand that my barcode will expire after a year if I do not successfully analyse the daily quality control solutions and I will have to retrain if required after this period.**

Signature …………………………………. Date…………………….

**Stage 4: Competence (to be completed by Cascade trainer)**

* I have witnessed a QC sample being processed by the trainee and confirm their competency
* I have explained that they must successfully perform the QC at least once every 12 months otherwise their user barcode will expire. To reactivate, all training will need to be completed again.
* I have explained the importance of barcodes and the consequences of misuse (i.e. barcode sharing
* Completed Learnpro module GGC 211, GGC 279 and/or GGC 280 certificates attached
* Meter has been docked to allow POCT team to check result prior to release of barcode
* The trainee is aware of the clinical pathway for this unit

**Cascade Trainer:** Full Name (Please Print) …………………………………………

Signature …………………………… Date………………………

**Please complete all sections of this form and return to the relevant POCT team along with the Learnpro certificate. Barcodes will be issued to the ward indicated above. Any enquiries please email or call:**

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LABORATORY USE ONLY:

Trainer Password \_\_\_\_\_\_\_\_\_\_\_\_\_ Inductee Password ­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_