



# ODI Diagnostics Patient Training Overview & Acknowledgement

<b>Patient Name:</b>	<b>Patient DOB:</b>
<b>Serial Number:</b>	<b>Training Date:</b>
<b>Training Start Time:</b>	<b>Training End Time:</b>

**Training Test Results:**                    1.                    2.                    3.

### Overview

#### Meter & Supplies

- Received Coag-Sense® Meter, Strips, Lancets and Transfer Tubes
- Understands how to remove & replace batteries
- Understands how to set date/time
- Demonstrates proper preparation (washing hands) for testing

#### Testing Procedure

- Successfully inserts test strip
- Properly obtains sample for testing
- Understands how to add blood sample to test strip using transfer tube
- Properly discards used testing material

#### Reading & Reporting Results

- Can read and report results accurately, and understands test frequency prescribed by physician
- Knows to contact physician if critical value is obtained (<1.5 & >5.0)
- Understands how to view past results

#### Understanding Errors

- Has reviewed where to find errors in owner’s manual and who to contact for specific errors (manufacturer or ODI)

#### Cleaning

- Understands the cleaning frequency and maintenance procedures according to the owner’s manual

#### Confirmation of Testing Technique

(True/False)

When testing I should wait for the meter to complete warming before I lance finger. \_\_\_\_\_

After pricking my finger with the lancet, I should take my time collecting the sample. \_\_\_\_\_

I apply my blood sample after the meter beeps and the screen says, "Apply Sample". \_\_\_\_\_

#### Patient Acknowledgement (initial that you agree to the following)

Initial

I authorize the release of any medical or other information necessary to verify benefits, process claims, provide appropriate care or related services provided by ODI Diagnostics. or its Agents. \_\_\_\_\_

I received the Letter of Patient Responsibility, Notice of Privacy Practices and understand my physician’s instruction for testing and reporting my test results and hereby release ODI Diagnostics and the trainer from liability associated with Home Monitoring and the Coag-Sense® meter. \_\_\_\_\_

**I acknowledge that I have received training for the use of the Coag-Sense® meter and feel confident that I can perform a self-test independently and successfully obtain a result.**

Patient Name (Print) \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Name (Print) \_\_\_\_\_

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Trainer Name (Print) \_\_\_\_\_

Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_