

OB/GYN POCT/PPMP Attestation Form 2021

OB/GYN Point of Care Tests/Provider Performed Microscopy Procedures
(POCT/PPMP)

Provider Name: Sarah D'Ambrosio

Provider Signature: 

Location: WMS

Hire Date: 5/2021

I certify that I WILL perform the following POCT/PPMP in my practice and I have read and understand the: Point of Care Testing, Quality Assurance Policy.

- pH, Body Fluid or pH, Vaginal, POCT
- Trichomonas and Yeast, Wet Mount, POCT
- Fern Test, POCT
- Log in to the MedTraining site at www.medtraining.org and use your KP email as login and "changeme" as your password and complete the training assigned to you. This should be completed prior to testing.

I certify that I WILL NOT perform ANY PPMP/POCT

For each POCT the laboratory will provide training, work instructions, oversight of quality control documentation and ongoing technical support as needed and requested by the provider. Authority for approval and oversight of the POCT/PPMP program are granted to the Laboratory's Medical Director and administrative Director by the Northwest Permanente Medical Director and the Regional Operations Group (ROG). The Laboratory maintains oversight responsibilities and authority to intervene when there are non-compliances or quality-of-care concerns.

Please scan and email to erin.l.cornell@kp.org or interoffice mail to Erin Cornell, Admin, AWL
Laboratory