Data sheet – cycle 1

Genetic testing for haemochromatosis

Patient	The patient's note or record includes the following information: (tick if information is present)		
	A. If genetic testing was ordered by this practice, do test results show elevated ferritin or transferrin saturation > 45% prior to genetic testing?	**B.** OR was testing performed as part of family screening following the advice of a clinician with genetic experience or genetic counsellor?	**C.** Positive result? (a tick in either column A or B)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
		Total positive results	
		% positive results	

Please retain this sheet for your records to provide evidence of participation in this audit.

Data sheet – cycle 2

Genetic testing for haemochromatosis

Patient	The patient's note or record includes the following information: (tick if information is present)		
	A. If genetic testing was ordered by this practice, do test results show elevated ferritin or transferrin saturation > 45% prior to genetic testing?	**B.** OR was testing performed as part of family screening following the advice of a clinician with genetic experience or genetic counsellor?	**C.** Positive result? (a tick in either column A or B)
1			
2			
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10			
11			
12			
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16			
17			
18			
19			
20			
		Total positive results	
		% positive results	

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The Royal New Zealand College of General Practitioners

Audit of Medical Practice (CQI activity) Summary Sheet

Topic:	Genetic testing for haemochromatosis

The activity was designed by (name of organisation if relevant):	Bpac^{nz}

Doctors Name:	

FIRST CYCLE

DATA:	Date of data collection:

CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION:	Describe how these improvements will be implemented.

MONITOR:	Describe how well the process is working. When will you undertake a second cycle?

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SECOND CYCLE

DATA:	Date of data collection:

CHECK:	Describe any areas targeted for improvement as a result of analysing the data collected.

ACTION:	Describe how these improvements will be implemented.

MONITOR:	Describe how well the process is working.

COMMENTS:	

Please retain this sheet for your records to provide evidence of participation in this audit.