**APPENDIX 2: HOME BLOOD PRESSURE MONITORS STOCK CONTROL SHEET**

**Name of Hospital: …………………………………………………….**

**Date: ………………………………………………………………………**

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| Serial No.  | Device asset number  | Indication of use  | Recipient | Date of issue  | Is recipientCovid-19Shielded? | Issued by | Date of return | Returned to stock by |
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Lead Obstetrician or Midwife (signature and date): …………………………………………………………………………………………

Contact for Stock/Equipment faults: …………………………………………………………………………………………………….