



Blanchard Valley Health System Location: _____

Training Checklist for Laboratory Point of Care Testing

Method: POCT Beckman Coulter Hemocult

Date of Initial Training: _____

Test Analyte: Fecal Occult Blood

Associate/Provider Name and Title: _____

(print legibly) Associate ID number: _____ Supervisor: _____

Visual Color (blue) Discrimination Test: Date: _____

CLIA Category: Waived (CAP Category: Waived/Waived PPT)

Hemocult® Training Checklist

- _____ Familiar with the materials needed to perform the assay
- _____ Knows the proper storage and stability of the reagent kit
- _____ Knows which samples (fecal) are appropriate for use with this assay
- _____ Familiar with the "Special Diagnostic Diet" recommendations
- _____ Familiar with specimen collection, storage, and stability (both before and after application to Hemocult® slides)
- _____ Can perform the assay on fecal samples
- _____ Can correctly interpret and report patient results
- _____ Can correctly interpret and report quality control (Performance Monitor®) results
- _____ Understands the various interfering substances and how they affect test results
- _____ Understands the concept of "blue slides"
- _____ Understands special handling precautions (eyes, skin, proper disposal)
- _____ Knows the technical support phone number if experience problems running the assay: 1-800-877-6242

Associate/Provider Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job Title of Qualified Trainer/Assessor: _____

Reviewed by: _____

Date: _____