

**Training / Competency Assessment** for Laboratory Point of Care Testing Date of Hire / Transfer: \_\_\_\_\_

Method: **POCT Beckman Coulter Hemocult** Date of Initial Training: \_\_\_\_\_

Test Analyte: **Fecal Occult Blood**

Associate/Provider Name and Title: \_\_\_\_\_

Maiden/Former Name: \_\_\_\_\_ Employer: \_\_\_\_\_

(print legibly) Associate ID number: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Evaluation for proper test performance after initial training:

**1. \_\_\_\_ Perform Positive Sample and QC testing as required.**

Record color and interpretation of result (positive / negative for fecal occult blood).

Positive sample result: Color \_\_\_\_\_ Interpretation of result \_\_\_\_\_

QC Positive control result \_\_\_\_\_ QC Negative control result \_\_\_\_\_

**PASS / FAIL** (circle)

**2. \_\_\_\_ Perform Negative Sample and QC testing as required.**

Record color and interpretation of results (positive / negative for fecal occult blood).

Negative sample result: Color \_\_\_\_\_ Interpretation of result \_\_\_\_\_

QC Positive control result \_\_\_\_\_ QC Negative control result \_\_\_\_\_

**PASS / FAIL** (circle)

**3. \_\_\_\_ Signature confirming provider has reviewed procedure and will follow manufacturer's instructions.**

The fecal occult blood procedure for POCT (Point of Care Testing) can be found online on THE CORE, Departments, Clinical, Laboratory, Laboratory Point of Care Testing, and finally to "Provider Performed Fecal Occult Blood by Hemocult Test Procedure".

\_\_\_\_ Yes, I can locate the procedure.

\_\_\_\_ Yes, I have read/reviewed the procedure.

\_\_\_\_ Yes, I understand the procedure.

\_\_\_\_ Yes, I will follow the procedure as written.

Associate/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Qualified Trainer/Assessor: \_\_\_\_\_ Date: \_\_\_\_\_

Job title of Qualified Trainer/Assessor: \_\_\_\_\_ Satisfactory / Unsatisfactory

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_