

Blanchard Valley Health System Site: _____ Location: _____ form revised 6/5/2024 LTR

Training / Competency Assessment for Laboratory Point of Care Testing Date of Hire / Transfer: _____

Method: POCT HemoCue Hb 201+ System Date of Initial Training: _____

Test Analyte: Hemoglobin Supervisor: _____

Associate Name and Title: _____

(print legibly) Associate ID number: _____ Former Name / Maiden Name: _____

CLIA Complexity: Waived (2 areas must be assessed) (CAP approved areas 1 – 6) (JC approved areas 1, 3, 5, 6)

___ Training assessment after initial training (new hires) and/or new method and/or new test analytes Date: _____

___ Competency assessment annually Due Date: _____

1. ___ 2. ___ 3. ___ Perform QC testing as required. (Properly running QC under direct observation and recording acceptable test results meets CAP/JC competency requirements for elements 1, 2, 3.) Record results:

HGB QC Level 1 Low Control _____ QC Level 2 Normal Control _____ QC Level 3 High Control _____

PASS / FAIL (circle)

4. ___ Properly clean cuvette holder. (Properly performing instrument maintenance and function checks under direct observation and documenting acceptable results meets CAP/JC competency requirements for element 4.) Record results:

Bars left, OK to run patient tests. ACCEPTABLE? YES / NO (circle) PASS / FAIL (circle)

5. ___ Perform testing on an unknown sample as required. (Analyzing an unknown sample and getting acceptable test results meets CAP/JC competency requirements for element 5.) Record results.

UNKNOWN Test: HGB _____ (Patient or Control or CAP Proficiency sample HCC) PASS / FAIL (circle)

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____ 1-5 Satisfactory / Unsatisfactory

6. ___ An evaluation of problem solving skills by written exam in Net Learning with 70% passing score will be assigned to meet CAP/JC competency requirements for element 6.

Assigned: _____ Due: _____ Completed: _____ Score: _____ PASS / FAIL (circle)

Reviewed by: _____

Date: _____

Note: All annual competency assessment forms are due by September 30.