

Blanchard Valley Health System Location: _____

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

Method: **POCT McKesson 10SG Urinalysis Reagent Strips on McKesson Consult 120 Urine Analyzer**

Test analytes: Urine Qualitative Dipstick Leukocytes, Nitrite, Urobilinogen, Protein, pH, Blood, SG, Ketone, Bilirubin, Gluc

Associate Name and Title: _____

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

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 Date Due: _____

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.)

Test both levels of liquid urine controls on analyzer. Attach printout. Results acceptable? Yes/No **PASS / FAIL** (circle)

4. ___ Perform daily cleaning. (Properly performing instrument maintenance and function checks under direct observation and documenting acceptable results meets CAP/JC competency requirements for element 4.)

Clean strip holder and the White Calibration Circle as necessary using a cotton swab/ball with distilled water.

Dry with a clean, dry cotton swab/ball. **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.)

UNKNOWN Test: (Patient or control or CAP Proficiency sample) Test sample on analyzer. Attach printout.

COLOR _____ CLARITY / APPEARANCE _____ **PASS / FAIL** (circle)

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____ Satisfactory / Unsatisfactory