Blanchard	Valley Health System		Form updated 10/11/2023 LTR				
Laboratory Point of Care Testing					Year:		
Training Cer	tificate of Completion						
Method: PC	CT McKesson 10SG Urinal	ysis Reagent Strips on I	McKesso	on Consult 120 Urine	Analyzer		
Test analyte	s: Urine Qualitative Dipstic	k Leukocytes, Nitrite, U	robilino	gen, Protein, pH, Bloc	d, SG, Keton	e, Bilirubin, Gluco	ose
Site:							
Location:				Cost Center:			
Trained and assessed for competency after initial training by qualified individual:							
Signature of qualified individual:]
Job title of qualified individual:							1
	·						•
Newly train	ed operators:		(Note:	Date of training must i	nclude day / m	nonth / year)	
Date of Training	Last Name	First Name	Title	Maiden/Former Name	ID Number	Department	Supervisor/Manager
			•				
				C			
			Y				

NOTE: POCT training records including checklists and assessments must be kept on site for at least two years. Permanent electronic records of associate POCT training must be documented in BVHS Net Learning. After completion, please scan this document and send electronic copy to: twonder@bvhealthsystem.org Teresa Wonder, Laboratory Point of Care Testing Coordinator, will forward this information to Net Learning.