

Blanchard Valley Health System Site: _____ Location: _____ Form updated 5/19/2023 LTR

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

Date of Initial Training: _____

Method: **POCT Medline 10SG Urinalysis Reagent Strips on Medline 120 Mini Urine Analyzer**

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

Associate Name and Title: _____ Maiden/Former Name: _____

(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

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**.