

Blanchard Valley Health System Location: _____

Training Checklist for Laboratory Point of Care Testing

Method: POCT Cardinal Health Mono II Rapid Test

Date of Initial Training: _____

Test Analyte: Infectious Mononucleosis Heterophile Antibodies in Whole Blood

Associate Name and Title: _____

(print legibly) Associate ID number: _____

Supervisor: _____

I. Sample Collection and Preparation

- _____ 1. Collect whole blood specimen by finger stick using capillary pipette or venipuncture.
- _____ 2. Follow collection ID requirements (2 patient identifiers).

II. Reagent Storage and Stability

- _____ 1. Kit storage and handling requirements:
 - a. Store at room temperature in dry place.
 - b. Do not use kit after the manufacturer's expiration date.
- _____ 2. External Controls: Use controls provided in kit.
The controls contain sodium azide – discard in biohazard container. Do not put down the sink.

III. Safety including Infection Control / Prevention

- _____ 1. Wear gloves during testing events.
- _____ 2. Clean hands with effective antimicrobial agent.
- _____ 3. Discard materials designed for single use in appropriate container.

IV. Quality Control

- _____ 1. Frequency of performing Quality Control:
 - a. Initially when opening a new kit.
 - b. At least monthly, at the beginning of the month.
 - c. Each newly trained operator for training assessment.
- _____ 2. Check that kits are stored at room temperature and not expired.
- _____ 3. Mark date kit opened with initials on box.
- _____ 4. Record the date, lot numbers and expiration dates of the kit and controls on log sheet.

Test Procedure:

- _____ 5. Add one free falling drop of sample to Test Tube.
- _____ 6. Slowly add one drop of Diluent to bottom of Test Tube. Mix.
- _____ 7. Remove Test Stick from container. Immediately re-cap. Place Absorbent End of Test Stick in treated sample.
- _____ 8. Set timer for 5 minutes. Wait for the red line to appear. Positive result may then be read. Otherwise, read result at 5 minutes. Background is clear before reading result. Record the actual results by words, not symbols, on log sheet in separate spaces. Mark "valid" for positive and negative internal controls.
- _____ 9. Verify that all of the Quality Control results are acceptable. If not, patient testing is suspended. Corrective action must be documented including using new controls or opening a new test kit.

VI. PATIENT TESTING

- _____ 1. Hold capillary pipette horizontally, touching end of pipette to drop of blood on patient's finger until it fills completely to the line. Filling is automatic; never squeeze pipette while collecting blood. Test following procedure.
- _____ 2. Interpret result:
Negative: One red line appears in the control region (C). No apparent blue line appears in the test region (T).
Positive: Two lines appear. One red line should be in the control region (C) and another blue line should be in the test region (T).
Invalid: Red Control line fails to appear. DO NOT RESULT THE TEST.
- _____ 3. Record patient result. Mark "valid" for positive and negative internal controls.

Associate Signature: _____

Date: _____

Signature of Qualified Trainer/Assessor: _____

Date: _____

Job title of Qualified Trainer/Assessor: _____