

Blanchard Valley Health System Site: _____ Location: _____

Training Checklist for Laboratory Point of Care Testing

Date of Hire / Transfer: _____

Method: POCT hCG Combo Rapid Test

Date of Initial Training: _____

Test Analyte: Urine hCG

Associate Name and Title: _____

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

I. Sample Collection and Preparation

- _____ 1. Collect urine specimen in clean dry container. A first morning specimen is preferred.
- _____ 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. Controls: OSOM hCG Urine Control Set – Negative and Positive storage and handling requirements:
 - a. Store controls at refrigerator temperature.
 - b. Do not use controls after the manufacturer's expiration date.
 - c. 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, as a check on continued storage conditions.
 - 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.
- _____ 5. Bring controls to room temperature prior to use. Invert controls several times. Transfer 3 full drops.
- _____ 6. Wait for the red line to appear. Read result at 3–4 minutes. Background is clear before reading result.

Record the actual results by words, not symbols, on log sheet in separate spaces.

- _____ 7. 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. Test urine sample properly collected by patient. Transfer 3 full drops. Read result at 3-4 minutes.
- _____ 2. Interpret result: *Negative result:* One red line appears in the control region (C). No apparent red or pink line appears in the test region (T).
Positive result: Two distinct red lines appear. One line should be in the control region (C) and another line should be in the test region (T).
Invalid result– Control line fails to appear. DO NOT RESULT THE TEST.
- _____ 3. Record patient result on log sheet and in LIS. Mark “valid” for positive and negative internal controls.

Associate Signature: _____ Date: _____

Signature of Qualified Trainer/Assessor: _____ Date: _____

Job title of Qualified Trainer/Assessor: _____