Name: _____   Assessment: □ Initial   □ 6 month   □ Annual

DNP = Employee **D**oes **N**ot **P**erform this particular testing.   F = Account number of patient record reviewed

Test / Test System	DNP	DO 1	TR 2	ID 3	PM 4	TP 5	PS 6
VITROS 5600		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
SUREVUE SERUM/URINE HCG		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
KETONE		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
MEDTOXSCAN DRUGS OF ABUSE TEST SYSTEM		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
ALERE DETERMINE HIV		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
ANA		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
REFERENCE LAB		Date: Initials:	Date: Initials: F:				
MEDITECH IM		Date: Initials:	Date: Initials: F:				
TOSOH G8 HGBA1C		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:

DO= Direct observation of routine patient test performance TR= Monitoring and recording of test results ID= Review of intermediate test results/worksheets/quality control/preventive maintenance records PM= Direct observation of performance of instrument maintenance and function checks TP= Assessment of test performance/proficiency/blind testing samples/previously analyzed specimens PS= Assessment of problem solving-skills

_____ _____   _____ _____
Employee's Signature   Date   Medical Director/Designee Signature   Date