

DEPARTMENT: BLOOD BANK

FHN LABORATORY
COMPETENCY ASSESSMENT

YEAR: _____

Name: _____ Assessment: Initial 6 month Annual

DNP = Employee **Does Not Perform** 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
Antibody ID		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Antibody Titer		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Atypical Phenotype		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
ABO/RH		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Direct Coombs (DAT IgG & C3)		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Coombs Indirect (ABS)		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cord Blood Screen		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Crossmatch IS		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Crossmatch AHG		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Elution Freeze/Thaw		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Elution Acid		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Emergency Issue of Blood/Components		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Issuing Blood to Cooler (OR,ER,OB)		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Issuing Blood & Components		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

Test / Test System	DNP	DO 1	TR 2	ID 3	PM 4	TP 5	PS 6
Making Components (FFP, CCP, Cryo)		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
ORTHO Workstation		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Processing units into inventory		Date: Initials:		Date: Initials:		Date: Initials:	Date: Initials:
Rhlg Workup (FBS)		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Transfusion Reaction Workup		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Daily QC		Date: Initials:		Date: Initials:		Date: Initials:	Date: Initials:
Weekly/Monthly/Quarterly/Semi /Annual QC		Date: Initials:		Date: Initials:		Date: Initials:	Date: Initials: