

DEPARTMENT: HEMATOLOGY

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
DXH 600		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
CA600 (backup instrument)		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
CA2500		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
UF5000		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
Novus		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
Clinitek Advantus		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
Slide Stainer		Date:			Date:		Date:
		Initials:			Initials:		
Cytospin		Date:			Date:		Date:
		Initials:			Initials:		
Osmolality		Date:	Date:	Date:	Date:	Date:	Date:
		Initials:	Initials:				
		F:	F:				
Gastrocult		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:		Initials:		
		F:	F:				
Manual Differential		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:		Initials:		
		F:	F:				
Manual Body Fluid		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:		Initials:		
		F:	F:				
Manual Urine Microscopy		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:		Initials:		
		F:	F:				
Urine Ictotest		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:		Initials:		
		F:	F:				

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
Fetal Hemoglobin Stain		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:				
		F:	F:				
Manual Reticulocyte		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:				
		F:	F:				
ESR		Date:	Date:	Date:		Date:	Date:
		Initials:	Initials:				
		F:	F:				