

DEPARTMENT: MICROBIOLOGY

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
AmniSure ROM Test		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Mono		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Rheumatoid factor – RA		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
RPR		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Biofire – RVP		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Biofire – BCID2		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Biofire – GI Panel		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid – SARS-CoV-2		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid – Strep		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid – 4PLEX		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid – CT/NG		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid - MRSA		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Cepheid – C. Diff		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Legionella – Urine		Date: Initials:	Date: Initials: F:	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
Strep Pneumo Antigen – Urine		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Covid Ag		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Gram Stain		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
KOH smear		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Wet prep		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
WBC smear		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Post-vasectomy analysis		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Occult Blood		Date: Initials:	Date: Initials: F:	Date: Initials:		Date: Initials:	Date: Initials:
Bactec – General use		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Polymedco		Date: Initials:	Date: Initials: F:	Date: Initials:	Date: Initials:	Date: Initials:	Date: Initials:
Reference Lab Sendouts		Date: Initials:	Date: Initials: F:				Date: Initials:
IDPH		Date: Initials:	Date: Initials: F:				

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