

DEPARTMENT: CHEMISTRY

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
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: _____
ABBOTT 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