



KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO LABORATORY

2425 Geary Blvd. San Francisco, CA 94115

BB COMPETENCY ASSESSMENT SUMMARY - Testing Personnel Year: _____

NAME: _____ KP Job Title: _____ CLIA Job Title: TP TS TC GS

Check one box:

New Employee Semi-annual Annual Other (Specify) _____ SHIFT: AM PM NOC

NOTE: YES means competency is "MET", NO means competency is "NOT MET", N/A means "NOT APPLICABLE"

Method of Assessment*	ABORh Tube	AB SCN Gel	AB SCN Tube	DAT Tube	XM IS	XM EXT	PHENOTYPE	Vision	EXM	ABID	
1. Direct observation of routine patient test performance, including specimen handling, processing and testing.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	
2. Monitoring of recording and reporting of test results.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and preventative maintenance records.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. Direct observation of performance of instrument maintenance and function checks.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	N/A	N/A	
5. Assessment of test performance through testing previously analyzed specimens, internal blind testing samples or external proficiency testing samples.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. Assessment of problem solving skills.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

**Use N/A when a Methods of Assessment is not applicable to the test systems such as intermediate results or instrument function checks.*

Section: I

No Remedial Action Required. Supervisor: _____ Date: _____

Section: II

Skip this section if no remedial action as indicated in Section: I.

Remedial Action Required: _____ Date to be completed: _____

Follow-up/Verification Report: _____

Date Completed: _____ Supervisor: _____

Section: III

- I have reviewed the procedures/procedure manuals as applicable.
- I have reviewed this competency assessment.

Employee's Signature: _____ Date: _____

Section: IV - After review of training and competency records, I conclude that the above named employee is competent to perform test procedures promptly, accurately, and proficiently within the scope of the test systems listed in this document unless otherwise noted.

Assessment performed by: _____ Date: _____

Name, Supervisor

KFH San Francisco Laboratory - BB Competency Evaluation

BB = Blood Bank (Transfusion Service)

1. Direct Observation of Daily Reagent QC SFOWI-_____		
Y	N	Critical Procedural Points
		Know how and when to perform QC per SOP.
		Know to ensure reagents in use are the same lot# and not expired.
		Know when to change to a new lot of reagent.
		Know how to troubleshoot unacceptable QC results and document per SOP.
		Know not to release patient results before resolving unacceptable QC.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

2. Direct Observation of Specimen and Requisition Acceptance SFOWI-_____		
Y	N	Critical Procedural Points
		Know specimen labeling requirements.
		Know requisition requirements including recognition of the correct KPHC requisitions for TS vs TX vs Transfuse.
		Know sample handling and sample expiration requirements.
		Know specimen and requisition rejection criteria.
		Know how to handle and document specimen/requisition problems.
		Know that KPHC Order details can only be used for Cord ABORh, DAT, and Double check.
		Correctly perform Label check, History check (CIPs & CM), order or log-in specimen in CM.
		Know when and how to flex a specimen e.g. PreOp 14D vs neonate protocol.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

3. Direct Observation of Specimen Handling		
Y	N	Critical Procedural Points
		Wear and use appropriate PPE.
		Dispose of used materials in appropriate containers.
		Adhere to universal precautions, safety and infection control policies.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

4. Direct Observation of ABORH Tube Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Perform ABORh tube testing per SOP.
		Know how to recognize ABO discrepancy and which SOP to follow.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

KFH San Francisco Laboratory - BB Annual Competency Evaluation

BB = Blood Bank (Transfusion Service)

5. Direct Observation of AB SCN Gel Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Perform Gel ABSC testing per SOP.
		Know how to recognize discrepant results and positive reactions, and the follow up actions. SFOWI-_____
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

6. Direct Observation AB SCN Tube Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Perform Tube ABSC testing per SOP. SFOWI-_____
		Know how to recognize discrepant results and positive reactions, and the follow up actions. SFOWI-_____
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

7. Direct Observation of DAT Tube Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Perform Tube DAT testing per SOP.
		Know how to recognize invalid results and positive reactions, and the follow up actions.
		Know when to call positive DAT as critical results to licensed personnel and how to document. SFOWI-_____
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

8. Direct Observation of XM IS Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Know the criteria for XMIS and when to perform XMIS per SOP.
		Perform XMIS testing per SOP.
		Know how to recognize discrepant results and positive reactions, and the follow up actions.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

9. Direct Observation of XM EXT Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Know the criteria for XMEXT per SOP.
		Know the appropriate XMEXT methodology to use.
		Perform XMEXT testing per SOP.
		Know how to recognize discrepant results and positive reactions, and the follow up actions.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

KFH San Francisco Laboratory - BB Annual Competency Evaluation

BB = Blood Bank (Transfusion Service)

10. Direct Observation of Phenotyping SFOWI-_____		
Y	N	Critical Procedural Points
		Know the criteria for phenotyping per SOP.
		Know which manufacturer's instructions to follow.
		Perform phenotyping per SOP.
		Know how to recognize discrepant results and positive reactions, and the follow up actions.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

11. Direct Observation of Vision Patient Testing and QC & Maintenance SFOWI-_____		
Y	N	Critical Procedural Points
		Know how and when to perform QC per SOP. SFOWI-_____
		Know to ensure reagents in use are the same lot# and not expired.
		Know when to change to new lots of reagents and gel cards.
		Know when to change to a new set of red cell reagents (0.8% Affirmagen and 0.8% Surgiscreen).
		Know when to change to a new set of AlbaQ-Chek.
		Know when to change to a new lot of AlbaQ-Chek and how to enter the new lot into Vision QC Profiles.
		Know how and where to document QC reagents and performance.
		Know how to troubleshoot unacceptable QC results and document per SOP.
		Know not to release patient results before resolving unacceptable QC.
		Know the frequency and procedure for required maintenance. SFOWI-_____
		Know the instrument limitations e.g.hemolyzed, lipemic, clotted samples.
		Know how to load sample and resources correctly.
		Know how to order non-interfaced tests i.e. XM IAT, Panels, Selected cell panel, Rh Phen, in Vision correctly.
		Know how to manage STAT order.
		Know how to review, reject or accept and transmit results to LIS.
		Know how to perform instrument troubleshooting when necessary.
		Know how to dispose of used materials appropriately.
		Adhere to universal precautions, safety and infection control policies.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

12. Direct Observation of EXM (Electronic Crossmatch) Patient Testing SFOWI-_____		
Y	N	Critical Procedural Points
		Know the criteria for Electronic Crossmatch per SOP and that it cannot be performed during RILIS downtime.
		Understand that Type and Screen done outside SFO lab will not disable EXM.
		Understand RILIS does not have 100% safeguard in determining EXM eligibility.
		Understand that blood bank comment have to be reviewed when determining EXM eligibility.
		Understand that weak backtype not resolved does not qualify for EXM.
		Perform EXM per SOP.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____ Remedial Action Recommended _____ Remedial Action Completed on _____ Trainer _____ Date _____		

KFH San Francisco Laboratory - BB Competency Evaluation

BB = Blood Bank (Transfusion Service or Immunohematology)

13. Direct Observation of Blood Dispense SFOWI-_____		
Y	N	Critical Procedural Points
		Know the criteria to be fulfilled for each blood product before it can be dispensed e.g. RBCs vs Plasma vs Cryo vs Platelet
		Know the correct KPHC blood product pick-up forms e.g. "Transfuse", BB Communication, RN Attestation with NUID
		Dispense blood product correctly per SOP.
		Verify DBCK, local current TS, special needs (on pick-up and LIS) and any BB comments.
		Cross check between pick up form, computer, chart copy, unit tag, and unit label. Verify container#.
		Visually inspect unit and document on product chart copy and in LIS.
		Verify dispensed status of unit(s).
		File paperwork in correct designated slots.
		Knows that product not in monitored storage can be returned to inventory within 30 minutes if temperature is <10C.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

14. Direct Observation of Emergency Release SFOWI-_____		
Y	N	Critical Procedural Points
		Know the appropriate ABORh for RBCs and Thawed Plasma to emergency dispense.
		Know to timestamp the emergency release form and all requisitions upon receipt.
		Understand that provider ID and signature can be obtained before or after the release of the blood products.
		Know the acceptable forms of pick-ups.
		Perform emergency dispense within 5 minutes and knows the appropriate LIS icon to use in what situation per SOP.
		Know to initiate manual type and screen STAT - do NOT wait for a signed requisition.
		Know to initiate simultaneous ProVue crossmatch of dispensed and additional RBC units.
		Know the critical results for Emergency Dispense.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		

15. Direct Observation of Downtime Patient History File SFOWI-_____		
Y	N	Critical Procedural Points
		Know the location of the Blood Bank Downtime Recovery PC (BBDRC).
		Perform patient history inquiry using the Downtime Patient History File. Attach print screen.
		Know the location of SFOWI-0140 Computer Downtime SOP.
		Read SFOWI-0140 Computer Downtime SOP.
		Know the location of the Blood Bank Downtime Binder.
		Know the location of the Downtime File Box.
Performance Report: ____ Competency Met ____ Competency NOT Met Observed by: _____ Date: _____		
Remedial Action Recommended _____		
Remedial Action Completed on _____ Trainer _____ Date _____		



NAME: _____ KP Job Title: _____ CLIA Job Title: TP TS TC GS

Check one box:
 New Employee Semi-annual Annual Other (Specify) _____ SHIFT: AM PM NOC

Records reviewed are acceptable: Circle one: "Y"= Yes, "N"= No, "N/A"= Not Applicable | Direct Observations (Methods 1 and 4 on Separate Pages)

TEST SYSTEM	2. Monitoring of recording and reporting of test results.		3. Review of: * - Intermediate test results or worksheets, or - Quality control records, or - Proficiency testing results, or - Preventative maintenance records.		5. Assessment of test performance through testing * - Previously analyzed specimens, or - Internal blind testing samples, or - External proficiency testing samples.		6. Problem Solving Skills Assessment * - Review of documentation on trouble-shooting actions were appropriate, or - Acceptable performance on written, oral, or electronic questionnaire.	
	Y	N	Y	N	Y	N	Y	N
A. ABORh Tube								
B. AB SCN Gel								
C. AB SCN Tube								
D. DAT Tube								
E. XM IS								

Performance Report: ____Competency Met | ____Competency NOT Met | Reviewed by: _____ Date: _____

Remedial Action Recommended: _____

Remedial Action Completed on: _____ Trainer: _____ Date _____

Comments: _____

* For sections 3, 5, and 6 in the columns, select 1 or more of the review and assessment examples provided.



KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO LABORATORY 2425 Geary Blvd. San Francisco, CA 94115

YEAR: _____ COMPETENCY ASSESSMENT - Testing Personnel

Documentation of Competency - Records Reviewed (This is required when printed copies of particular work records are not provided)

NAME: _____ KP Job Title: _____ CLIA Job Title: TP TS TC GS

Check one box:

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		Y N		Y N		Y N		Y N
F. XM EXT		Y N		Y N		Y N		Y N
G. PHENOTYPE		Y N		Y N		Y N		Y N
H. VISION		Y N		Y N		Y N		Y N
I. EXM		Y N		Y N		Y N		Y N
J. ABID		Y N		Y N		Y N		Y N

Performance Report: ____Competency Met | ____Competency NOT Met | Reviewed by: _____ Date: _____

Remedial Action Recommended: _____

Remedial Action Completed on: _____ Trainer: _____ Date _____

Comments:

* For sections 3, 5, and 6 in the columns, select 1 or more of the review and assessment examples provided.

BB Direct Observation Schedule

Jan	Feb	Mar	Apr	May	Jun	July
Specimen & Req	ABSC Tube	XMIS	ProVue	Dispense	Emergency Dispense	Downtime PHF
Universal Precaution	DAT Tube	XMEXT	EXM			
ABORh tube		Phenotype				
ABSC Gel						

Aug	Sep	Oct	Nov	Dec
Reagent QC	Annual BB Written Competency	cGMP competency		
		Downtime competency		

Instructions for Direct Observation of BB Competency Assessment

Observer:

1. Make sure CLS wears appropriate PPE and adheres to universal precautions.
2. Open the applicable SOP(s) and observe that the CLS is performing test/task according to SOP.
3. **Test Observation:**
 - a. Make sure CLS identifies the sample and matches sample and requisition ID.
 - b. Make sure that CLS labels test tubes appropriately.
 - c. Make sure CLS uses correct pipetting techniques and dispenses the correct volumes.
 - d. Make sure that CLS reads test (grades reaction strength according to SOP) and record results concurrently.
 - e. Make sure that CLS checks incubator temperature before using.
 - f. Make sure that CLS checks reagent expiration date before using.
 - g. Make sure that CLS enters results and applicable comments/template correctly in CM.
 - h. Make sure that CLS interprets manual results correctly.
 - i. Make sure that CLS calls and documents read back correctly in CM for critical results.
 - j. Make sure that CLS matches and attaches crossmatch tags correctly to the units e.g. correct container#.
4. **Task Observation:**
 - a. Make sure that CLS identifies sample, paperwork and units.

EXAMPLES OF REQUIRED DOCUMENTATION FOR EVIDENCE OF BLOOD BANK COMPETENCY



KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO LABORATORY 2425 Geary Blvd. San Francisco, CA 94115

BB COMPETENCY ASSESSMENT - Testing Personnel

Documentation of Competency - Records Reviewed (This is required when printed copies of particular work records are not provided)

Records reviewed are acceptable: Circle one: "Y"= Yes, "N"= No. Direct Observations (Methods 1 and 4 on Separate Pages)

TEST SYSTEM	2. Monitoring of recording and reporting of test results.		3. Review of: * - Intermediate test results or worksheets, or - Quality control records, or - Proficiency testing results, or - Preventative maintenance records.		5. Assessment of test performance through testing * - Previously analyzed specimens, or - Internal blind testing samples, or - External proficiency testing samples.		6. Problem Solving Skills Assessment * - Review of documentation on trouble-shooting actions were appropriate, or - Acceptable performance on written, oral, or electronic questionnaire.	
	Write Acc# (include year)	Y N	Self-Check/RISE/TMCA or QC Records	Y N	Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
A. ABORh Tube	Write Acc# (include year)	Y N	Self-Check/RISE/TMCA or QC Records	Y N	Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
B. AB SCN Gel	Write Acc# (include year)	Y N	Self-Check/RISE/TMCA or QC Records	Y N	Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
C. AB SCN Tube	Write Acc# (include year)	Y N	Self-Check/RISE/TMCA or QC Records	Y N	Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
D. DAT Tube	Write Acc# (include year)	Y N	CAP PT/TMCAD or Previously Analyzed	Y N	CAP PT/TMCAD or Previously Analyzed	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
E. XM IS	Write Acc# (include year)	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N

For CAP PT = Survey year, series and assigned sample ID e.g. 2016 JAT-01

For Self-Check/RISE/TMCA/TMCAD = Self-Check/RISE/TMCA/TMCAD Lot# (Note: Submit WKUP as soon as completed for review; WKUP will be returned after review)

For QC/Maint Records = QC date and copy of record

EXAMPLES OF REQUIRED DOCUMENTATION FOR EVIDENCE OF BLOOD BANK COMPETENCY



KAISER PERMANENTE MEDICAL CENTER - SAN FRANCISCO LABORATORY 2425 Geary Blvd. San Francisco, CA 94115
COMPETENCY ASSESSMENT - Testing Personnel

Documentation of Competency - Records Reviewed (This is required when printed copies of particular work records are not provided)

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	Write Acc# (include year)	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
F. XM EXT	Write Acc# (include year)	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
G. PHENOTYPE	Write Acc# (include year)	Y N	CAP PT or Self-Check/RISE/TMCA or QC Records	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
H. VISION	Write Acc# (include year)	Y N	Vision Printout or CAP PT or QC/Maint Records or Previously Analyzed	Y N	CAP PT or Previously Analyzed	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
I. EXM	Write Acc# (include year)	Y N	CAP PT or Previously Analyzed	Y N	CAP PT or Previously Analyzed	Y N	i) Annual BB Written Competency or ii) Other CE e.g. Medtraining or iii) Documentation of trouble shooting action e.g. ABO discrepancy, ProVue NRD, QC failures	Y N
J. ABID	Write Acc# (include year)	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	CAP PT or Self-Check/RISE/TMCA	Y N	Same as above	Y N

For CAP PT = Survey year, series and assigned sample ID e.g. 2016 JAT-01

For Self-Check/RISE/TMCA = Self-Check/RISE/TMCA Lot# (Note: Submit WKUP as soon as completed for review; WKUP will be returned after review)

For QC/Maint Records = QC date and copy of record

Select a patient who qualifies for EXM.

Select a compatible PRBC for EXM.

Perform EXM but do not verify. Open EXM Eligibility icon. Print Screen and paste on to Wordpad. Print landscape.

Highlight the line with the unit and click X on toolbar to delete the unit from Result Entry to prevent locking it.

PathNet BB Transfusion: Result Entry

Task Edit View Alerts Help

Demographics
WEISSMAN, MARTIN SFO-1NA / 1102 / B
5621163 unknown physician
no alternate id Aortic valve stenosis
4/24/1939 74 years Male White O POS

Alerts

Antibodies: Blood bank comments: Transfusion requirements:

1 - Crossmatch

	Number	Procedure	ID	ABO/Rh	Comment	BB ID	# of Units	Computer
1	31-13-353-10382	Xmatch FLX	WEISSMAN, MARTIN	O POS		NA	1	
2			W117013363378	H O POS				Computer XM
3								
4								

Computer Crossmatch Eligibility Details

Patient
WEISSMAN, MARTIN 5621163 O POS

Computer Crossmatch Eligibility

Current ABO/Rh Determination:	O Pos	12/19/2013 4:45 PM	31-13-353-12377
Second ABO/Rh Determination:	O Pos	12/19/2013 6:15 AM	31-13-353-10382
Antibody Screen:	Negative	12/19/2013 6:15 AM	31-13-353-10382

Most recent dispense/transfusion since Current ABO/Rh determination:
None

Most recent dispense/transfusion since current antibody screen:
None

Clinically significant antibodies: Exception details:

EXM previously analyzed sample.

Test group: Crossmatch Perform...



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