Erie VA Medical Center Pathology & Laboratory Medicine Service Ancillary Testing Section

Ancillary Testing Annual Competency Assessment Checklist

Rating Period October 1, 2022 – September 30, 2023

Printed Employee Name: ______Ward/Clinic: ______

By signing below, the employee attests to completing review of ancillary testing (AT) procedures contained in the Ancillary Testing SOP Manual for which they have received documented training. The employee further attests to possessing a sufficient working knowledge of testing principles and policies necessary to perform testing safely and competently.

Date:

Employee Signatur	Δ.	
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STOP: Employees are NOT to complete ANY of the below sections.

5101 :	Employees are NOT to complete ANY of	the below secti	<mark>0113</mark> .				
COMPETENCY ELEMENT CODES		EVALUATION CODES					
Q	- Quality Control	P -	Passes competency requirements				
W	 Written Exam (Problem Solving) 	F -	Fails competency requirements				
Т	 Proficiency Testing 	NA -	Not applicable-test not performed				
D	- Direct Observation of Testing	RECORD TYPE CODES*					
U	- Unknown	E -	Electronic				
		Н -	Hardcopy				
*For specific date(s) of assessment, refer to denoted record type(s) available from the Ancillary Testing Coordinator.							
ANAL	ZER OR MANUAL TEST	RECORD	COMPETENCY	EVAL			
COMP	ETENCY EVALUATED	TYPE(S)	ELEMENTS ASSESSED	CODE			
1.	Accu-Chek Inform II Glucose Meter	E,H	W, Q or D				
1.							
2.	Sure-Vue Serum/Urine hCG-STAT	E,H	W, Q or D				
3.	BinaxNOW Covid 19 Antigen	E,H	W, Q or D				
4.	T-Dip Multi-Drug Urine Test Panel	E,H	W, D, T or U				
5.	Serim Pyloritek (H. Pylori – O.R.)	E,H	W, D, T or U				

Employees must pass all elements of the assessment. The ATC will address any failed element(s) via corrective action.

Competency assessment: PASSED/FAILED If failed, retraining and subsequent PASSED date:______

Ancillary Testing Coordinator Signature: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _______Date: _______Date: _______Date: _______Date: _______Date: ______Date: _____Date: ______Date: _____Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ____Date: _____Date: _____Date: _____Date: ______Date: ______Date: ______Date: ______Date: ______Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: ______Date: ______Date: _______Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _____Date: ______Date: ______Date: ____

RETURN FORM TO: ERIN SKELLY (PATH & LAB 113 or via email erin.skelly@va.gov)