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.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STOP! Employees are NOT to complete ANY of the below sections.

**­­­­­COMPETENCY ELEMENT CODES EVALUATION CODES**

Q - Quality Control P - Passes competency requirements

W - Written Exam (Problem Solving) F - Fails competency requirements

T - Proficiency Testing NA - Not applicable-test not performed

D - Direct Observation of Testing **RECORD TYPE CODES\***

U - Unknown E - Electronic H - Hardcopy

\*For specific date(s) of assessment, refer to denoted record type(s) available from the Ancillary Testing Coordinator.

ANALYZER OR MANUAL TEST RECORD COMPETENCY EVAL

COMPETENCY EVALUATED TYPE(S) ELEMENTS ASSESSED CODE

1. Accu-Chek Inform II Glucose Meter E,H W, Q or D \_\_\_\_

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:\_\_\_\_\_\_\_\_

**RETURN FORM TO: ERIN SKELLY (PATH & LAB 113)**