



KAISER PERMANENTE NORTHERN CALIFORNIA
 COMPETENCY ASSESSMENT SUMMARY - Testing Personnel
 Hematology Department, San Leandro

NAME: _____ KP JOB TITLE: _____ CLIA JOB TITLE: TS TC GS TP

Check one box:

NEW EMPLOYEE SIX MONTHS ANNUAL OTHER (Specify) _____ SHIFT: AM PM NOC

NOTE: YES means competency is "MET", NO means competency is "NOT MET", NA means "NOT APPLICABLE"

Method of Assessment*	XN-3000 CBC&Retc	Manua IDiff	Automated Body Fluids	Manual CSF/BF	Hema tastat	ESR Cube 30	Urine Eos	Stago Coag Tests	Special Coag	Cell avision	Crystal Analysis
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	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Direct observation of performance of instrument maintenance and function checks.	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO
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"/> YES <input type="checkbox"/> NO	<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	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Use N/A when a Method 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: _____
 Gerry Dacpano, Technical Supervisor

Section: II Remedial Action Required: _____ Date to be completed: _____
 Follow-up/Verification Report: _____ Supervisor: _____

Section: III After review of training and competency records, I conclude that the above-named employee is competent to perform test procedures promptly, accurately, and proficiently, unless exceptions are noted above

Assessment performed by: _____ Date: _____
 Gerry Dacpano, Technical Supervisor

Section: IV I have reviewed the procedures/procedure manuals as applicable.
 I have reviewed this competency assessment.

Employee's Signature: _____ Date: _____
 SLN-FCD.1327: 14.0 (EFFECTIVE Apr 2 2024 6:01PM)
 Hematology & Coagulation Competency Assessment

1. Direct Observation of **XN-3000** Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how often QC is performed and how to record performance (CBC / Retic).
			Knows how to document & troubleshoot QC that is out of acceptable limits.
			Understands specimen acceptance criteria, integrity, and proper labeling.
			Demonstrates proper technique in running samples in primary modes.
			Demonstrates proper technique in running samples in secondary modes.
			Accurately evaluates scatterplot histogram.
			Knows how to perform reticulocyte count and result.
			Accurately verifies results in computer and address delta check if applicable.
			Performs reagent change, priming and background checks appropriately.
			Performs instrument troubleshooting appropriately.
			Disposal of used materials in appropriate containers.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

2. Direct Observation of **Automated Body Fluid** for Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how often QC is performed and how to record performance.
			Knows how to document & troubleshoot QC that is out of acceptable limits.
			Understands specimen acceptance criteria, integrity, labeling.
			Performs background count as appropriate prior to BF cell count.
			Performs patient BF cell count in correct mode.
			Understands upper and lower reporting limits.
			Understands which body fluids can be run on automation and which one can't.
			Understands manual dilution protocol.
			Results and reports patients result appropriately.
			Disposal of used materials in appropriate containers

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

3. Direct Observation of **Stago Compact Max** Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how to handle QC material, how often QC must be performed and how to document it.
			Understands how to recognize, document, and troubleshoot QC that is out of acceptable limits.
			Understands accurate specimen handling, collection, and processing when applicable.
			Maintains specimen integrity and traceability of sample ID throughout process / procedure.
			Adheres to correct technical steps as per approved procedure.
			Accurate interpretation of test reactions and results.
			Corrective action, documentation, and resolution of aberrant patient results.
			Adherence to universal precautions, safety, and infection control policies.
			Knows to look for the level of blood in every bluetop tube and know how to reject underfilled/overfilled specimen.
			Knows the specimen stability for add-on tests, knows how to reject, and communicate the reason.
			Must know when a lookback is warranted and how soon must it be done.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

4. Direct Observation of Hematostat Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how often QC is performed and how to record results.
			Knows how to document & troubleshoot QC that is out of acceptable limits.
			Understands specimen acceptance criteria, integrity & proper labeling.
			Performs instrument troubleshooting appropriately.
			Demonstrate proper technique for running patient samples.
			Accurately reads manual Hct.
			Disposal of used materials in appropriate containers.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

5. Direct Observation of Diesse 30 Cube Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how often QC is performed and how to record results.
			Knows how to document & troubleshoot QC that is out of acceptable limits.
			Understands specimen acceptance criteria, integrity & proper labeling.
			Performs instrument troubleshooting appropriately.
			Knows how to refill test amount using a transponder.
			Describes acceptable reported values (0->140 mm/Hr).

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

6. Direct Observation of Manual Differential Count Patient Testing

Y	N	NA	Critical Procedural Points
			Demonstrates proper technique for making manual slides when SP-50 is down or when necessary.
			Demonstrates proper technique for using Siemens Hematek to stain slides.
			Knows how to decide when and if a manual differential is warranted and how to append comments.
			Knows how differentiate all cells based on cell morphology and cell characteristics.
			Knows how to properly use microscope to do differential count on peripheral blood smear.
			Understands specimen criteria for pathology review.
			Knows how to process slides and print patient results for pathology review.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

7. Direct Observation of Manual Body Fluid & CSF Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how often QC is performed and how to record performance.
			Understands specimen acceptance criteria, integrity, and proper labeling.
			Performs patient BF cell count in duplicate mode.
			Understands upper and lower reporting limits.
			Knows proper way of documenting in worksheets and reporting patient results.
			Disposal of used materials in appropriate containers.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

8. Direct Observation of Platelet Clumper Patient Testing

Y	N	NA	Critical Procedural Points
			Knows what to do when a platelet clumper tube was ordered and delivered.
			Knows how to derive platelet result when running blue top tube and multiplying result by 1.1.
			Knows not to run blue top tube in automatic mode instead run specimen using open mode with modified accession (use last 5 digits of acc #) to prevent result from auto verifying results.
			Knows that when purple top tube results are without asterisk*, report result as is.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

9. Direct Observation of Special Coag Test: Mixing Study Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how to handle QC material, how often QC must be performed and how to document it.
			Understands how to recognize, document, and troubleshoot QC that is out of acceptable limits.
			Understands accurate specimen handling, collection, and processing when applicable.
			Maintains specimen integrity and traceability of sample ID throughout process
			Knows to look for the level of blood in every bluetop tube and know how to reject underfilled/overfilled specimen.
			Knows the specimen stability for add-on tests, knows how to reject, and communicate the reason.
			Knows how to access SOP (SLN-WI.1328:6.0 Mixing Studies - Circulating Anticoagulant) as a guide to properly result samples.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

10. Direct Observation of Cellavision Patient Testing

Y	N	NA	Critical Procedural Points
			Knows how to handle QC material, when is QC performed, and how to document it electronically.
			Know the instrument inside out and must know how to troubleshoot.
			Knows how to reclassify cell images as presented by cellavision.
			Must know when abnormal results warrant a pathology review.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

1. Direct Observation of XN-3000 Instrument Maintenance

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance.
			Performs Startup / Shutdown appropriately
			Properly adds needed reagents, consumables, and empties waste with required documentation.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

2. Direct Observation of Stago Compact Instrument Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance.
			Properly adds needed reagents, consumables, and empties waste with required documentation.
			Describes instrument corrective action / downtime process, repair record and when to perform QC following repair.
			Runs QC and check values against given means and SD's.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

3. Direct Observation of Hematek Slide Stainer Instrument Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance, as per SOP.
			Properly adds needed reagents, consumables, and empties waste with required documentation.
			Describes instrument corrective action / downtime process, repair record and when to perform QC following repair.
			Makes QC slide to be read by Cellavision.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

4. Direct Observation of Cytospin Instrument Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.
			Check the Cytospin's programed RPM and duration as noted on attached instruction.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

5. Direct Observation of **Diesse Cube 30 Instrument** Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance, as per SOP.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.
			Performs Startup / Shutdown appropriately
			Runs QC and check values against given means and SD's.
			Discuss accordingly how to add 1,000-5,000 test count using "Diesse Transponder."
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

6. Direct Observation of **Hematostat-II** Instrument Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily maintenance, if applicable, as per SOP
			Replace disposable plastic capillary tube holder.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

7. Direct Observation of **SP-50 Instrument** Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance.
			Properly adds needed reagents, consumables, and <u>empties waste</u> with required documentation.
			Describes instrument corrective action / downtime process, repair record and when to perform QC following repair.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.
			Makes a peripheral smear and label it as QC for reading in the Cellavision

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____

8. Direct Observation of **Cellavision Instrument** Maintenance / Function

Y	N	NA	General Criteria for Direct Observation of Instrument Maintenance and Function Checks
			Performs and documents daily, weekly, monthly & as needed maintenance.
			Properly adds needed, consumables and empties waste with required documentation.
			Thoroughly cleans the surface of instrument with provided disinfectant/wipes.
			Check if QC is done before running patient samples.

Performance Report: Competency Met Competency **NOT** Met Observed by: _____ Date: _____

Remedial Action Recommended

Remedial Action Completed on: _____ Trainer: _____ Date: _____



KAISER PERMANENTE NORTHERN CALIFORNIA
 COMPETENCY ASSESSMENT - Testing Personnel
 Hematology Department, San Leandro

Documentation Of Competency -Records Reviewed

NAME: _____ Year: _____
 KP JOB TITLE: _____ NEW EMPLOYEE SIX MONTHS ANNUAL OTHER (Specify)

Records reviewed are acceptable: "Y"= Yes, "N"=No, "N/A"=Not Applicable

Test System	2. Monitoring of recording and reporting of test results.	3. Review of: A. Intermediate test results or worksheets, B. Quality control records, C. Proficiency testing results, and D. Preventative maintenance records	4. Assessment of test performance through testing A. Previously analyzed specimens. B. Internal blind testing samples C. External proficiency testing samples	Problem Solving Skills Assessment A. Review of documentation on trouble-shooting actions were appropriate. B. Acceptable performance on written, oral, or electronic questionnaire.
XN-3000 CBC & Retic	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Manual Differential	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Automated Body Fluids	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Stago Coag Tests	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Hematostat	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Cube 30 ESR	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Performance Report: Competency Met Competency NOT Met

Observed by: _____ Date: _____

Remedial Action Recommended: _____

Remedial Action Completed On: _____

Trainer: _____ Date: _____
 SLN-FCD.1327: 14.0 (EFFECTIVE Apr 2 2024 6:07PM)
 Hematology & Coagulation Competency Assessment



KAISER PERMANENTE NORTHERN CALIFORNIA
 COMPETENCY ASSESSMENT - Testing Personnel
 Hematology Department, San Leandro

Documentation Of Competency -Records Reviewed

NAME: _____ Year: _____ ANNUAL OTHER (Specify)
 KP JOB TITLE: _____ NEW EMPLOYEE SIX MONTHS

Records reviewed are acceptable: "Y"= Yes, "N"=No, "N/A"=Not Applicable

Test System	2. Monitoring of recording and reporting of test results.	3. Review of: A. Intermediate test results or worksheets, B. Quality control records, C. Proficiency testing results, and D. Preventative maintenance records	4. Assessment of test performance through testing A. Previously analyzed specimens. B. Internal blind testing samples C. External proficiency testing samples	Problem Solving Skills Assessment A. Review of documentation on trouble-shooting actions were appropriate. B. Acceptable performance on written, oral, or electronic questionnaire.
Cytospin	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Manual BF/CSF	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Crystal Analysis	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Urine Eosinophils	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Platelet Clumper	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Special Coag	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A
Cellavision	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A

Performance Report: Competency Met Competency NOT Met

Observed by: _____ Date: _____

Remedial Action Recommended: _____

Remedial Action Completed On: _____

Trainer: _____ Date: _____
 SLN-FCD.1327: 14.0 (EFFECTIVE Apr 2 2024 6:01PM)
 Hematology & Coagulation Competency Assessment