**Direct Observation** (Semi-Automated/Manual)

* Direct observation of routine patient test performance including (as applicable) patient identification and preparation, specimen collection, handling, processing and testing.
* Direct observation of performance of instrument maintenance and function checks.

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| --- | --- | --- |
| **Hematology***Body Fluid Cell Count*  | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No | One level every 8 hours of patient testing |
| Runs controls according to procedure  | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***Serum Pregnancy Test/SureVue Kit* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***Mono kit* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control and cals | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***H. pylori kit* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***HIV kit* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and source prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***RSV kit* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and source prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Bacteriology***Lactoferrin (Fecal WBC)* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Hematology***Manual Differential* | Competency observed?  | Comments |
| Prepares peripheral slide | □ Yes □ No |  |
| Labels slide appropriately | □ Yes □ No |  |
| Correlates manual count with automated count | □ Yes □ No |  |
| Assesses morphology of all cells, as appropriate | □ Yes □ No |  |
| Reports manual differential correctly | □ Yes □ No |  |
| Reports morphology of cells correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***Urine Drug Screen* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Hematology***ESR (Sed Rate)* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***Quick Strep* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |
| **Immunology***Influenza A/B* | Competency observed?  | Comments |
| Demonstrates proper handling/competency of quality control | □ Yes □ No |  |
| Runs controls according to procedure | □ Yes □ No |  |
| Verifies QC is acceptable before reporting patients | □ Yes □ No |  |
| Takes appropriate action when QC is out of range | □ Yes □ No |  |
| Documents out of range controls and corrective action taken | □ Yes □ No |  |
| Verifies specimen integrity and volume prior to testing | □ Yes □ No |  |
| Documents corrective action if specimen is unacceptable | □ Yes □ No |  |
| Performs patient testing according to procedures | □ Yes □ No |  |
| Verifies patient results and records (prints) correctly | □ Yes □ No |  |
| Replaces, logs, and stores reagents correctly | □ Yes □ No |  |
| **Competent?** □ Yes □ No*(If no, document any corrective action)* | **Evaluator signature/date:** |

I certify that I am fully trained and competent to perform the roles listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee sign/date

I attest that the staff member listed above is fully trained and competent to perform the roles listed above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Laboratory manager sign/date