

Name:	Tech ID:	Competency Type: <input type="checkbox"/> Initial <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual Year:
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Competency Assessment Elements: 1. Direct Observation (DO) of routine patient test performance 2. Monitoring the recording, and reporting of test results 3. Review of intermediate test results or worksheets, quality control records, proficiency testing results, and maintenance records. 4. Direct observations of equipment maintenance and/or function checks 5. Assessment of performance through testing previously analyzed specimens, blind testing samples, or external PT samples. 6. Assessment of problem-solving skills.	Competency Level Key: A. Competent, performs independently & able to assess the competency of others B. Competent, performs independently C. Not Applicable D. Needs practice or assistance (Document unacceptable step # for DO)
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Critical Task Being Assessed	Assessment Element	Evidence of Completion	Competency Level	Assessor Tech Code	Date of Assessment
Ortho Vision Patient Testing & Donor Confirmation Testing – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
1 DO of Patient Testing (Type & Screen or DAT)	1	Accession #:			
DO of Donor Confirmation Testing	1	Unit #:			
SQ BBI Printout of Patient Results	2	Attach Patient Results Printout			
SQ BBI Printout of Donor Confirmation Testing	3	Attach Donor Confirmation Testing Printout			
Ortho Vision QC	3	Attach Copy of Ortho Vision QC			
DO of Ortho Vision Daily Maintenance	4	Attach Ortho Vision Maintenance History Report			
Blind Testing	5	Attach Ortho Vision Printout & SQ BBI Printout			
	6	Answer:			
Tube Testing: ABO/RH and Antibody Screen – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
2 DO of ABO/RH in Tube	1	Accession #:			
SQ BBI Printout of ABO/RH Results	2	Attach Patient Results Printout			
DO of Antibody Screen in Tube (PEG)	1	Accession #:			
SQ BBI Printout of ABSCR Results (PEG)	2	Attach Patient Results Printout			
DO of Antibody Screen in Tube (LISS)	1	Accession #:			
SQ BBI Printout of ABSCR Results (LISS)	2	Attach Patient Results Printout			
Daily Manual Reagent Quality Control	3	Attach Copy of “Daily Manual Reagent QC”			
DO Heat Block Daily Maintenance	4	Attach Copy of “Thaw Bath & Heat Block QC”			
DO Cell Washer Daily Maintenance	4	Attach Copy of “Cell Washer & Scale QC”			

Transfusion Services Test System Competency Assessment

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Critical Task Being Assessed	Assessment Element	Evidence of Completion	Competency Level	Assessor Tech Code	Date of Assessment
2 CONTINUED - Tube Testing: ABO/RH and Antibody Screen					
Blind Testing	5	Attach Blind Testing			
	6	Answer:			
3 Tube Testing: DAT – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of DAT in Tube	1	Accession #:			
SQ BBI Printout of DAT Patient Results	2	Attach Patient Results Printout			
Patient Control	3	See Attached Patient Results Printout			
Daily Manual Reagent Quality Control	3	See Attached Copy of “Daily Manual Reagent QC” from section 2			
DO Heat Block Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Thaw Bath & Heat Block QC”			
DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Cell Washer & Scale QC”			
Blind Testing	5	Attach Blind Testing			
	6	Answer:			
4 Crossmatch Testing: Electronic, IS, and AHG – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of Electronic Crossmatch	1	Accession #:			
		Unit #:			
SQ BBI Printout of Electronic Crossmatch	2	Attach Crossmatch Results Printout			
DO of Immediate Spin Crossmatch	1	Accession #:			
		Unit #:			
SQ BBI Printout of ISXM	2	Attach Crossmatch Results Printout			
DO of AHG Crossmatch	1	Accession #:			
		Unit #:			
SQ BBI Printout of AHG XM	2	Attach Crossmatch Results Printout			
Daily Manual Reagent Quality Control	3	See Attached Copy of “Daily Manual Reagent QC” from section 2			
DO Heat Block Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Thaw Bath & Heat Block QC”			
DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Cell Washer & Scale QC”			

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4 CONTINUED - Crossmatch Testing: Electronic, IS, and AHG					
4	Blind Testing	5	Attach Blind Testing		
		6	Answer:		
5 Antibody Identification and Antigen Typing – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
5	DO of Antigen Typing	1	Accession or Unit #:		
	SQ BBI Printout of Antigen Typing	2	Attach Patient or Unit Results Printout, and Copy of “Phenotyping Worksheet”		
	SQ BBI Printout of ABI & Extended Workup	2	Attach Patient Results Printout & Extended Workup		
	Day of Use Antigen Typing QC	3	See Attached Copy of “Phenotyping Worksheet”		
	DO Heat Block Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Thaw Bath & Heat Block QC”		
	DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Cell Washer & Scale QC”		
	Blind Testing	5	Attach Blind Testing		
	6	Answer:			
6 Fetal Maternal Hemorrhage RapidScreen – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6	DO of Fetal Maternal Hemorrhage	1	Accession #:		
	SQ BBI Printout of RHEV	2	Attach RHEV Patient Result Printout		
	Fetal Maternal Hemorrhage QC	3	See QC on Attached RHEV Patient Result Printout		
	DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of “Cell Washer & Scale QC”		
	Blind Testing	5	Attach Blind Testing		
		6	Answer:		
7 SickDex Hemoglobin S – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
7	DO of Hemoglobin S Testing	1	Accession or Unit #:		
	SQ BBI Printout of Hemoglobin S Testing	2	Attach Hemoglobin S Patient Result Printout		

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Critical Task Being Assessed	Assessment Element	Evidence of Completion	Competency Level	Assessor Tech Code	Date of Assessment
7 CONTINUED - SickDex Hemoglobin S					
Day of Use Hemoglobin S QC	3	Attach Copy of "Phenotyping Worksheet"			
Maintenance	4	No Instrumentation or Equipment Required for Test			
Blind Testing	5	Attach Blind Testing			
	6	Answer:			
8 Testing with DTT Treated Cells – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of Testing with DTT Treated Cells	1	Accession #:			
SQ BBI Printout of Testing with DTT Treated Cells and Extended Workup Form	2	Attach Patient Results Printout and "Extended Workup" form.			
DTT Treated Cells QC	3	Attach Copy of "Daily Manual Reagent QC"			
DO Heat Block Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of "Thaw Bath & Heat Block QC"			
DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of "Cell Washer & Scale QC"			
Blind Testing	5	Attach Blind Testing			
	6	Answer:			
9 EGA and Eluate – Is this testing performed by this employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
DO of EGA Testing	1	Accession #:			
DO of Eluate Testing	1	Accession #:			
SQ BBI Printout of Eluate Results	2	Attach Patient Results Printout			
EGA Extended Workup	3	Attach Patient Results on "Extended Workup" form			
Eluate Extended Workup	3	Attach Patient Results on "Extended Workup" form			
DO Cell Washer Daily Maintenance	4	DO Performed in Section 2, See Attached Copy of "Cell Washer & Scale QC"			
Eluate Blind Testing	5	Attach Eluate Blind Testing			
	6	Answer:			

UW Medicine <small>UNIVERSITY OF WASHINGTON MEDICAL CENTER</small>	Transfusion Services Test System Competency Assessment	Transfusion Service Laboratory - Montlake University of Washington Medical Center 1959 NE Pacific Street, Seattle, WA 98195
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I have participated in each competency assessment as identified by the date and tech code of the assessor.

Employee Review: _____ **Date:** _____

Supervisory Review: _____ **Date:** _____

Medical Director Review: _____ **Date:** _____