

POCT CoaguChek XS Annual Competency Validation (Pre-analytical, analytical, and Post-analytical)

Name:	Date:		
Coumadin (Clinic: Address:		
1. Code/Ca	librating/Quality Control	Met	Unmet
	cks expiration dates of test strips		
1	es an open date on the test strip vial, when first opened.		
2. Patient testing			
 Follo Utili Exploratestin Inquestin Place the serion Clea Perfectispe Apploace Apploace	ows universal precautions: Washes hands. Utilize appropriate PPE (gloves) zes 2 patient identifiers prior to testing. ains purpose of test/steps of procedure to patient before ng. ires if recent bleeding, bruising, medication or dietary		
The above skills have been demonstrated successfully.			
Staff signatu	ure: Date:		
Validator's signature: Date:			