

ER HLAB & MCP USERS TRAINING ASSESSMENT

ANNUAL WRITTEN EVALUATION ACTIVITY

Name: _____ Work Shift: _____

1. Download and read the **ER Training – MCP & HLAB 2012 Procedure** under your MedTraining “My Assignments” tab.

I CERTIFY THAT I HAVE CRITICALLY REVIEWED THE MCP & HLAB 2012 PROCEDURE:

DATE	NAME	TITLE	SIGNATURE
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2. Please use the MOBILE CARE DEVICE to collect a patient’s **BLOOD** specimen. **Record Accession number:**

3. Please receive/accession a patient’s **BLOOD** specimen in HLAB using COLLECTION VERIFY. **Record Accession number:**

4. Please receive/accession a patient’s **NON-BLOOD specimen (Urine, Stool, CSF, Swab)** in HLAB using COLLECTION VERIFY. **Record Accession number:**

ER EMPLOYEE SIGNATURE & DATE

Laboratory Official Review:

Act #2: _____ Met	_____ Not Met, Please Retrain
Act #3: _____ Met	_____ Not Met, Please Retrain
Act #4: _____ Met	_____ Not Met, Please Retrain

Signature	Title	Date
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