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| Step | Description | Phase | Trainee Initials/Date | Trainer Initials/Date |
| *General* | | | | |
| 1 | Reads and understands the associated procedure. | Pre-analytical |  |  |
| 2 | Wears appropriate PPE and properly uses all engineering controls and safety equipment for the task. |  |  |
| 3 | Prepares and/or describes preparation of adequate wet mount slide. |  |  |
| 5 | Properly identifies the appropriate specimens and rejects inappropriate specimens. | Analytical, Post-analytical |  |  |
| 6 | Follows procedural guidelines for performance of Wet Mount/TRICHCAND |  |  |
| 7 | Identifies characteristics of all 4 elements: Trichomonas, Yeast, Clue Cells and WBCs |  |  |
| 8 | Correctly reports patient results in the hospital LIS system. |  |  |
| *Initial Competency Assessment* | | | | |
| Testing performed on **BOTH** of the following :  🞎 QC performed  And  🞎 Patient performed (Accession number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | Pre-analytical, Analytical, Post-analytical |  |  |
| Test completed : \_\_\_\_\_\_\_\_% 🞎 pass 🞎 fail | |  |  |
| The team member is considered competent in the above named test system. | |  |  |

1. Which specimens are acceptable? (circle all that apply)
   1. Stool
   2. Vaginal swab in saline
   3. Urethral swab in saline
   4. Vaginal/Urethral swabs in viral transport media
   5. Vaginal/Urethral swabs in no saline.
2. All four elements (Trichomonas, Yeast, Clue Cells, and WBCs) should be reported, even if they are not present
   1. True – all four elements must be reported
   2. False – only positive elements are reported
3. Trichomonas should only be reported as positive if motile flagella are seen
   1. True
   2. False
4. Squamous epithelial cells which have a stippled or granular, very refractile cytoplasm with shaggy borders due to the presence of numerous coccobacilli bacteria are known as:
   1. Candida
   2. Clue Cells
   3. Transitional epithelial cells
   4. Hyphae
5. Other elements such as bacteria, RBCs and epithelial cells are not reported.
   1. True
   2. False

Please run a practice patient. Attach printouts to this sheet.

Trainee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_