Boston Area Consolidated Laboratory, Department of Pathology and Laboratory Medicine
Point of Care Testing, ICON 20 hCH, Quantitative Urine Preganancy

Employee:_____ Location:_____
Initial: _____ _____ Re-assessment:_____ _____

Methods of Validation:

(O) Observation	(PR) Peer Review	(W) Written Assessment	(D) Demonstration	(V) Verbal

When multiple assessment methods are acceptable INDICATE the assessment method of validation (more than one method may be used); write your initials and date.

Successful performance of routine patient test performance, verified by direct observation by supervisor or qualified designee including: Patient preparation, identification, specimen collection, handling, processing and testing	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Monitoring the recording and reporting of test results, including as applicable, reporting critical results	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Review of immediate test results, QC, proficiency test and maintenance/cleaning records, as applicable	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Successful performance of instrument maintenance/cleaning and function check as applicable, verified by direct observation	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Assessment of test performance through previously analyzed specimens, internal blind testing samples or external proficiency testing samples	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Assessment of problem-solving skills	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Proficiency Test; purpose and handling	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Documentation that I am knowledgeable about the contents of the procedure manuals (including changes) relevant to the scope of testing activities.	☐ O ☐ PR ☐ W ☐ D ☐ V Initial & Date
Section Passed? If **NO,** include Corrective Action Plan below	☐ Yes or ☐No
Observer/Assessor Signature and date	
Rating Official (Supervisor) signature and date	
E**mployee signature and date**	

Corrective Action Plan

Retraining Needed? ☐YES ☐NO

If **YES** complete the following:

Date of Retraining:	Date of Reassessment:	Initials of reassessing observer:
Employee's initials:		