

**EDITH NOURSE ROGERS MEMORIAL VETERANS HOSPITAL  
PATHOLOGY AND LABORATORY MEDICINE SERVICE**

**ICON 20 HCG URINE PREGNANCY TESTING COMPETENCY ASSESSMENT FORM**

**Employee Name:**

**Location/Ward:**

**Select assessment type:**

- Initial Assessment
- Annual Re-Assessment

<b>Complete at least TWO of the following methods for the employee (mark item as N/A if not completed)</b>	<b>Employee Initial/Date</b>	<b>Observer Initial/Date</b>
Performance of a test on a blind specimen		
Periodic observation of routine work by the supervisor or qualified designee		
Monitoring of user's quality control performance		
Pass the knowledge quiz (Minimum score 100%)		

I have read and know where to find all the procedure manuals and policies for the test. I understand the basic QC, if applicable, and specimen requirements for the test. I understand that it is my responsibility to record all patient results correctly on the patient's chart, template, or result form, whichever is indicated. I understand that all critical results should be reported to the authorized caregiver for read back.

**Employee Signature:**

**Date:**

**The overall performance was:**

- Successful (performs without supervision)
- Unsuccessful (Needs additional training)

**Retraining Date:**

The above employee is competent and has demonstrated the skills and knowledge necessary to perform QC and patient testing according to the policies and procedures approved by the Pathology & Laboratory Medicine Service Ancillary Testing Department.

**Evaluator Signature:**

**Date:**

**ATC Signature:**

**Date:**