Martha Jefferson Hospital Clinical Laboratory

Annual Competency Assessment

Serology/Coagulation/Urinalysis/Manual Chemistry

1. When performing a heparin adsorption, how much of the patient plasma do you put into the adsorption vial? \_\_\_\_\_\_\_\_\_\_
2. Protime and PTT testing is performed on a 63 year old female with bleeding into her knee joints. After reviewing the results, the ordering physician then requests mixing studies be performed. What is our current procedure for performing mixing studies?

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1. Coagulation testing is requested on an 11 month old female. Upon reviewing and verifying the results a feasibility box pops up. What information must accompany this patient results? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List the critical values for:

INR\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTT\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In the calculated INR, the patient's Prothrombin Time is divided by \_\_\_\_\_\_\_\_\_\_\_\_\_. Then, that ratio is raised to the power of the ISI or International Sensitivity Index for the Prothrombin time reagent used.

1. The geometric normal mean Prothrombin time for that reagent.
2. The normal control Prothrombin time for that reagent
3. The director’s Prothrombin time using that reagent
4. Twelve seconds
5. All reagents (including QC) should be allowed to equilibrate at ­­­\_\_\_\_\_\_\_\_\_C for at least \_\_\_\_\_\_ minutes prior to reconstitution.
6. How do you reconstitute:

Recombiplastin 2G \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PTT Synthasil \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D-dimer reagent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coag Controls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D-dimer Controls \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fibrinogen Reagent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please list the on board reagent stability for the following:
   1. PT -
   2. PTT -
   3. CaCl -
   4. FIB -
   5. DIME –
2. How is Dilute Clean B prepared and where is placed on the TOPs? (Type of rack (R or D) and in which position (1-6)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Which reagent must be placed in the same rack as Diluted Clean B?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What vials of QC should be reconstituted daily and at what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How often are PT and PTT controls run? Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours
3. How often are D-dimer controls run? Every \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours
4. What must be done to the Factor Diluent when loading new Fibrinogen reagent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. How often are Fibrinogen controls run and why does a feasibility box open when a Fibrinogen is resulted? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. List the daily maintenance for the TOPs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. When should external QC be performed for the following tests? Where is the QC material stored? Where are results recorded?
   1. fFN
   2. ICa
8. When opening a new Serology/UA kit or reconstituting reagents, what information must be documented on the kit, bottle, etc.? Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. How often do you run mono controls? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. How often do you run external kit controls for:

Strep A Screen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RSV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Influenza A+B \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H pylori \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Urine Pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ionized Calcium \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

fFN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MBIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rapid HIV \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Would you report a patient’s RSV result if the internal positive control did not appear? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Where do we send positive RPRs for confirmation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. When performing a cold agglutinin, which tube is considered the negative control? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. For MBIL testing, specimens should only be collected from infants up to \_\_\_\_\_\_\_\_ days in age.
5. At what age in the Clinitest required? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and under.
6. What is the minimum amount of urine required for **automated** testing on the AUWi? \_\_\_\_\_\_\_\_\_\_\_\_ **manual** testing? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Upon performing a UTOX, THC and TCA appear positive. What is the next step in the testing process?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. When the reagent roll is changed on the Atlas, what must be performed before any patient testing is performed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. When resulting from the UF1000, what would prompt you to perform a manual microscopic on a urine, rather than accepting the results directly from the analyzer?
10. What controls are run on the Atlas?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UF1000?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What types of samples **should not** be run through the AUWi? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What steps were recently added to the AUWi weekly maintenance to combat background issues? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BONUS QUESTION:

We are down to 5 tests on the current vial of D-dimer reagent, so you decide to reconstitute new reagent. You realize that the only reagent available is that of a new lot. Communication was sent to the staff that the new lot of D-dimer reagent had been set up as an ‘Alternate Lot’ on the TOPs, but must be activated before testing can be performed. How do you activate an ‘Alternate Lot’?