**Physician Performed Testing Initial Training Test – Fecal Occult**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_ 1. You must wait 3-5 minutes after adding stool sample to the hemoccult care before adding

developer to the card.

* 1. True
  2. False

**CORRECT ANSWER: A. TRUE. YOU MUST WAIT 3-5 MINUTES BEFORE ADDING DEVELOPER TO THE CARD INSURING THAT THE STOOL HAS HAD ADEQUATE TIME TO REACT WITH THE GUIAC PAPER.**

\_\_\_\_\_ 2. If the internal performance monitors fail to yield acceptable results on the hemoccult care, it

is okay to accept the patient results.

1. True
2. False

**CORRECT ANSWER: B. FALSE. IF INTERNAL PERFORMANCE MONITORS FAIL RERUN THE TEST USING ANOTHER CARD AND ANOTHER SAMPLE FROM THE PATIENT COLLECTION. IF MONITORS CONTINUE TO FAIL NOTIFY POINT OF CARE IMMEDIATELY AND REMOVE THE CARDS FROM USE.**

\_\_\_\_\_ 3. Hemoccult cards may be used to test Gastric samples.

1. True
2. False

**CORRECT ANSWER: B. FALSE THE LOW PH OF GASTRIC SAMPLES WILL INTERFERE WITH HEMOCCULT METHODOLOGY AND MAY CAUSE ERRONEOUS RESULTS.**

\_\_\_\_\_ 4. Only approved and validated Beckman Coulter Hemoccult Sensa test kits and developer may be used for

testing within Bon Secours facilities.

1. True
2. False

**CORRECT ANSWER: A. TRUE. ALL OTHER KITS FROM OUTSIDE OFFICES AND FACILITIES MAY NOT BE USED ON PATIENT SAMPLES, BECAUSE THEY ARE NOT VALIDATED, NOR HAS QUALITY CONTROL BEEN PERFORMED IN ORDER TO BE COMPLIANT WITH CAP AND JOINT COMMISSION.**

\_\_\_\_\_ 5. Document the patient and internal quality control result in the “Enter/Edit” portion of

Connect Care.

1. True
2. False

**CORRECT ANSWER: A. TRUE. INTERNAL QUALITY CONTROL RESULT MUST BE RECORDED**

**ALONG WITH EVERY PATIENT RESULT PER CAP AND JOINT COMMISSION.**

**Blind Specimen Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reviewed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**