St. Joseph's/Candler Health System
Sure-Vue Urine Pregnancy Test Training Checklist

Name:_____

Unit/Dept:_____

This checklist can be used to demonstrate that the employee has aquired the necessary knowledge and skills to perform the basic operations of this task in the Point of Care Setting.

The observer will iInitial and date beside the task when it is performed successfuly
No patient testing is allowed until the Checklist is complete and signed by designee.

1. The Trainee understands the following:	Observer Initials & Date
. Patient preparation & collection for the urine pregnancy test	_____
. Volume for the urine pregnancy test	_____
. Sample storage requirements for the urine pregnancy test	_____
. Kit storage, stability, and handling requirements	_____
. Quality Control storage, stability, and handling requirements	_____
. The urine pregnancy test cassette measurable range	_____
. Acceptable internal quality controls	_____
. Acceptable positive and negative results	_____
. The reasons for invalid results	_____
. The frequency of External Quality Control	_____
. Quality Control and lot number record keeping	_____
. Documenting results	_____
2. The trainee demonstrates the following:	_____
. Performs at least 1 level of LQC	_____
. Performs at least 1 patient test or blind Sample	_____
3. Discussed Trouble shooting:	_____
4. Can locate the urine pregnancy test policy:	_____

The below signed employee has suscesfully demonstrated competency.

Employee's Signature: _____Date:_____

Trainee's Signature: _____Date:_____