St. Joseph's/Candler Health System
Clinitek Urine Pregnancy 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 successfully
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	_____
. Sample type, storage, stability, and volume for testing	_____
. Test kit storage,stability, & expiration.	_____
. Quality Control storage & stability	_____
. The cassette measurable level for a positive result	_____
. Result transmission or recording, acceptable results	_____
. The functionality of previous lot memory	_____
. The frequency of External Quality Control	_____
. Maintenance schedule	_____
. How to clean the analyzer	_____
. Patient identification, proper specimen collection and labeling	_____
. Remedial action (QC/QA) and record keeping	_____
2. The trainee demonstrates the following:	_____
. Changes the test table insert for strip or cassette	_____
. Enters OID (operator ID) via the barcode reader and /or manual entry	_____
. Enters PID(patient ID) via the barcode reader and/or manual entry	_____
. Enters test cassette lot numbers	_____
. Enters QC numbers or names	_____
. Performs at least 1 level of LQC	_____
. Performs at least 1 patient test or blind Sample	_____
. Access the data base to recall a result	_____

3. Discussed Trouble shooting and Technical Support

The below signed employee has successfully demonstrated competency.

Employee's Signature: _____Date:_____

Trainee's Signature: _____Date:_____