

St. Joseph's/Candler Health System
Clinitek UA Training Checklist

Name: _____

Unit/Dept: _____

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

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

- | | Observer initials & date |
|---|--------------------------|
| 1. The Trainee understands the following: | |
| . Patient preparation & collection for urinalysis. | _____ |
| . Sample type and volume for testing urinalysis (micralbumin cretinine). | _____ |
| . Test kit storage, stability, and handling requirements. | _____ |
| . Quality Control storage, stability, and handling requirements. | _____ |
| . The test strip analytical measurable range. | _____ |
| . Result transmission or recording, acceptable results, and critical value: | _____ |
| . 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 strip kit lot numbers | _____ |
| . Enters QC numbers | _____ |
| . 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: _____