St. Joseph's/Candler Health System
Fecal Occult Blood Testing 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 for the test.	_____
. Sample type and volume for the occult blood test.	_____
. Test kit storage, stability, and handling requirements.	_____
. Quality Control storage, stability, and handling requirements.	_____
. Result documentation, acceptable results, and critical values.	_____
. The frequency of External Quality Control	_____
. How to resolve weak result.	_____
. Patient identification, proper specimen collection and labeling	_____
. Remedial action (QC/QA) and record keeping.	_____
2. The trainee demonstrates the following:	_____
. Documents the patient's identification	_____
. Enters kit lot numbers	_____
. Enters QC numbers & results	_____
. Performs at least 1 level of LQC.	_____
. Performs at least 1 patient test or blind Sample	_____
3. Discussed Trouble shooting	_____

The below signed employee has suscesfully demonstrated competency.

Employee's Signature: _____Date:_____

Trainee's Signature: _____Date:_____