

## TECHNOLOGIST/SCIENTIST COMPETENCE ASSESSMENT PLAN

### UPLC-MS/MS - Immunosuppressant Drugs Assay

Employee Name	Position	Date

Type of Assessment:    6 month       Annual       New       Other

**ASSESSMENT CATEGORIES:**

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|--|--|
| 1. Direct observation                                      | 4. Direct observation of instrument maintenance/function |
| 2. Monitoring the recording/reporting of test results      | 5. Blind testing/proficiency testing                     |
| 3. Review of intermediate test records, worksheets, QC, PM | 6. Written evaluation                                    |

SECTION	SKILL/TASK/KNOWLEDGE	HOW ASSESSED (see above)	DOES NOT MEET STANDARD (follow up required)	MEETS STANDARD	EXCEEDS STANDARD (can assess or teach)
UPLC-MS/MS/ (Xevo TQ/ ACQUITY)	Knows location of and has read procedure.	1, 6			
	Describes proper sample requirements.	1, 2			
	Performs necessary instrument maintenance.	3, 4			
	Sets up instrument and determines suitability of the instrument prior to running patient samples .	1, 4, 5			
	Performs testing according to established procedures.	1, 2, 5			
	Performs QC, documents results, and follows up as necessary.	1, 3			
	Explains appropriate actions to take when QC is unacceptable.	3, 6			
	Recognizes and troubleshoots data quality flags.	1, 3, 6			
	Documents patient results accurately with appropriate comments and uses proper cancellation codes as needed.	2			
	Demonstrates appropriate actions for alert value reporting and notification.	2			
	Reports patient results in a timely manner.	2			
	Performs basic troubleshooting procedures.	4, 6			

**COMMENTS/CORRECTIVE ACTION/FOLLOW-UP:**

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**TECHNOLOGIST/SCIENTIST COMPETENCE ASSESSMENT PLAN**  
**Immunosuppressant Drugs by UPLC-MS/MS**

**Completed by employee:**

By signing and dating this form, you certify that you have received adequate training and are competent to perform the functions described above in compliance with the associated operating procedures.

Employee Signature:	Date:
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**Completed by laboratory manager or director:**

Employee is competent to independently perform testing for clinical purposes:      Yes       No

Laboratory Manager/Director Signature:	Date:
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