

## 9. WAIVED TESTING INITIAL TRAINING: URINE PREGNANCY EXAMPLE

Date: \_\_\_\_\_

Trainer should review all material listed below, display the test procedure and reference procedure during training. File completed form appropriately and retain for 2 years.

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

| Checklist  | Employee Initials | Trainer Initials |
|--|-------------------|------------------|
| <ul style="list-style-type: none"> <li>• Reads and understands the procedure and understands where to find Package Insert for reference.</li> </ul>  |                   |                  |
| <ul style="list-style-type: none"> <li>• Trainer discusses principle of test procedure so that trainee understands purpose and intended use of test.</li> </ul>  |                   |                  |
| <ul style="list-style-type: none"> <li>• Trainer identifies materials to perform test and Employee knows location of materials needed.</li> </ul>  |                   |                  |
| <ul style="list-style-type: none"> <li>• Employee verbalizes proper patient identification, sample collection and handling with Trainer.</li> </ul>  |                   |                  |
| <ul style="list-style-type: none"> <li>• Trainer demonstrates test procedure and discusses with Employee.</li> </ul>   |                   |                  |
| <ul style="list-style-type: none"> <li>• Employee performs the procedure including the following:               <ul style="list-style-type: none"> <li>◦ Demonstrates proper sample collection with use of the appropriate collection device and handling.</li> <li>◦ Organize work area for testing.</li> <li>◦ Performs quality control (QC) on both negative and positive controls.</li> <li>◦ Decontaminate instrument and clean work area, including disposal of hazardous</li> </ul> </li> </ul> |                   |                  |
| <ul style="list-style-type: none"> <li>• Data entry               <ul style="list-style-type: none"> <li>◦ Use of Patient/QC documentation log</li> <li>◦ Test ordering</li> <li>◦ Reporting patient results in the EMR</li> <li>◦ Discusses normal ranges</li> </ul> </li> </ul>  |                   |                  |
| <ul style="list-style-type: none"> <li>• Completes Learning Quiz with 100%</li> </ul>  |                   |                  |

Comments: \_\_\_\_\_

I validate that this operator has demonstrated, under my supervision, adequate performance of the skills related to this procedure.

Trainer Signature (full name): \_\_\_\_\_

Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_