

### Blood Bank Competency Checklist

Name: \_\_\_\_\_ Laboratory Site: \_\_\_\_\_ Year \_\_\_\_\_  6-Month  Annual

Test System: _____	Element	Documentation Supplied-Meditech	Documentation Supplied-Pathnet	Date	Assessor Initials
Observe routine test performance, including, as applicable, patient identification and preparation, and specimen collection, handling, processing and testing.	1	Direct observation	Direct observation		
Reporting of Test Results	2	Internal Inquiry	Screen print of test result		
Review of QC records	3	Recorded on Direct Observation	Copy of QC Form		
Observe Instrument Maintenance (if applicable)	4	Recorded on Direct Observation	Copy of QC Form		
Assess Proficiency Testing <i>or</i> Blind sample	5	Report from original and test patient	Report from original and test patient		
Demonstrate Problem-Solving Skills	6	Problem solving case study	Problem solving case study		

I have had the opportunity to review and ask questions about policies and procedures related to equipment and testing above. Associate Signature: \_\_\_\_\_

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

This associate is deemed to be competent to perform unsupervised patient testing in the above test systems. CLIA Medical Director/Designee Signature: \_\_\_\_\_

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

Test System: _____	Element	Documentation Supplied-Meditech	Documentation Supplied-Pathnet	Date	Assessor Initials
Observe routine test performance, including, as applicable, patient identification and preparation, and specimen collection, handling, processing and testing.	1	Direct observation	Direct observation		
Reporting of Test Results	2	Internal Inquiry	Screen print of test result		
Review of QC records	3	Recorded on Direct Observation	Copy of QC Form		
Observe Instrument Maintenance (if applicable)	4	Recorded on Direct Observation	Copy of QC Form		
Assess Proficiency Testing <i>or</i> Blind sample	5	Report from original and test patient	Report from original and test patient		
Demonstrate Problem-Solving Skills	6	Problem solving case study	Problem solving case study		

I have had the opportunity to review and ask questions about policies and procedures related to equipment and testing above. Associate Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

This associate is deemed to be competent to perform unsupervised patient testing in the above test systems. CLIA Medical Director/Designee Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Use of commendable practice does not ensure conformance to AABB Standards