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| <b>Name:</b> | <b>Position</b> |
|--------------|-----------------|

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|---|
| <b>Topic</b><br><b>Point of Care Testing (POCT)</b> |
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| Performance Criteria   | Trainer Initials |
|--|------------------|
| <b>Blood Testing</b>   |                  |
| 1. Blood – AFINION HbA1c (Hemoglobin <b>A1c</b> )                          |                  |
| 2. Blood – Glucometer ( <b>BGL</b> ) (Random Blood Glucose Level)          |                  |
| 3. Blood – HemoCue ( <b>Hgb</b> )  |                  |
| <b>Body Fluid / Swab Testing</b>   |                  |
| 4. Swab – Chlamydia Culture  |                  |
| 5. Swab – <b>COVID</b> (Polymerase Chain Reaction) ( <b>PCR</b> )          |                  |
| 6. Swab – <b>COVID</b> ( <b>rapid</b> )                                    |                  |
| 7. Swab – <b>Rapid</b> inFLUenza diagnostic tests                          |                  |
| 8. Swab – <b>Rapid Streptococcus</b> , group <b>A/B</b> )                  |                  |
| 9. Swab – <b>RSV</b> (Respiratory Syncytial Virus)                         |                  |
| 10. Swab – <b>Streptococcus Culture</b>                                    |                  |
| <b>Urine Testing</b>   |                  |
| 11. Urine – <b>Culture</b>   |                  |
| 12. Urine – <b>Drug Screen</b> (Panel Drug Test)                           |                  |
| 13. Urine – <b>Pregnancy</b> – (human chorionic gonadotropin, <b>hCG</b> ) |                  |
| 14. Urine – <b>Urinalysis</b> Clinitek                                     |                  |

*I am confident I can apply these competencies to my job. I understand that it is my responsibility to seek guidance or clarify any questions or issues when performing these skills.*

Employee Printed Name:

Employee Signature:

Date:

*This employee has been evaluated and validated to perform the tasks outlined in this competency.*

Trainer Printed Name:

Trainer Signature:

Date: