

**Manual POCT Test Competency  
 (Annual)**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Nursing Location: \_\_\_\_\_

**Urine Dipstick Test (specify):** \_\_\_\_\_ **Date completed:** \_\_\_\_\_ **Not applicable (√):** \_\_\_\_\_

Level 1 (N) Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Level 2 (A) Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Dipstick Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Glucose (30s)	Bilirubin (30s)	Ketones (40s)	Spec. Grav. (45s)	Blood (60s)	pH (60s)	Protein (60s)	Urobilinogen (60s)	Nitrite (60s)	Leukocytes (2 min)
N									
A									

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

\*Documentation Reviewed by: \_\_\_\_\_

**Pregnancy Test** \_\_\_\_\_ **Date completed:** \_\_\_\_\_ **Not applicable (√):** \_\_\_\_\_

Test Kit		Level 1 QC (Acceptable Result: Neg)				Level 2 QC (Acceptable Result: Pos)				QC	
Lot #	Exp Date	Lot #	Exp Date	Result	Internal QC	Lot #	Exp Date	Result	Internal QC	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Gastrocult Occult Blood / pH** \_\_\_\_\_ **Date completed:** \_\_\_\_\_ **Not applicable (√):** \_\_\_\_\_

Gastrocult Slides		Gastrocult Developer		pH 2		pH 7		Performance Monitor		QC			
Lot #	Exp Date	Lot #	Exp Date	Lot #	Exp Date	Lot #	Exp Date	Pos. Area	Neg. Area	pH 2	pH 7	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Hemocult Test** \_\_\_\_\_ **Date completed:** \_\_\_\_\_ **Not applicable (√):** \_\_\_\_\_

Hemocult Slide		Hemocult Developer		Performance Monitor		QC	
Lot #	Exp Date	Lot #	Exp Date	Pos. Area	Neg. Area	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**pH Nitrazine Test** \_\_\_\_\_ **Date completed:** \_\_\_\_\_ **Not applicable (√):** \_\_\_\_\_

pH Paper		5.0 Control Buffer (must read exactly 4.5-5.0)			7.0 Control Buffer (must read 7.0-7.5)			QC	
Lot #	Exp Date	Lot #	Exp Date	Result	Lot #	Exp Date	Result	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Manual POCT Test Competency  
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Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Nursing Location: \_\_\_\_\_

**pHydrion (pH 6.0-8.0)**      **Date completed:** \_\_\_\_\_      **Not applicable (√):** \_\_\_\_\_

pH Paper		6.0 Control Buffer (must read exactly 6.0)			8.0 Control Buffer (must read 7.6-8.0)			QC	
Lot #	Exp. Date	Lot #	Exp Date	Result	Lot #	Exp Date	Result	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**pHydrion (pH 8.0-9.0)**      **Date completed:** \_\_\_\_\_      **Not applicable (√):** \_\_\_\_\_

8.0 Control Buffer (must read exactly 8.0)			9.0 Control Buffer (must read 8.5-9.0)			QC	
Lot #	Exp Date	Result	Lot #	Exp Date	Result	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Rapid Strep A**      **Date completed:** \_\_\_\_\_      **Not applicable (√):** \_\_\_\_\_

Test Kit		Positive Control (Acceptable Result: POS)				Negative Control (Acceptable Result: NEG)				QC	
Lot #	Exp Date	Lot #	Exp Date	Result	Internal QC	Lot #	Exp Date	Result	Internal QC	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Hemoglobin A1C**      **Date completed:** \_\_\_\_\_      **Not applicable (√):** \_\_\_\_\_

Test Kit		Level 1 QC (Acceptable Result: _____)			Level 2 QC (Acceptable Result: _____)			QC	
Lot #	Exp Date	Lot #	Exp Date	Result	Lot #	Exp Date	Result	Pass (√)	Fail (√)

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

\*Documentation Reviewed by: \_\_\_\_\_

**Manual POCT Test Competency  
 (Annual)**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_ Nursing Location: \_\_\_\_\_

**Rapid HIV- OraQuick**

Date completed:

Not applicable (✓):

Control ID: Neg Pos 1 Pos 2	Test Kit Lot #	Test Kit Exp. Date	Control Vial Lot #	Control Vial Exp. Date	Date Control Opened	Time Test Started	Time Test Finished	"C" Present Y/N	Control Result Expected Results: Neg =NR Pos 1= R Pos 2= R	Results Acceptable? Y/N	Performed By:
Neg											
Pos 1											
Pos 2											

**Rapid HIV- Clearview COMPLETE**

Date completed:

Not applicable (✓):

Control ID: Neg Pos 1 Pos 2	Test Kit Lot #	Test Kit Exp. Date	Control Vial Lot #	Control Vial Exp. Date	Date Control Opened	Time Test Started	Time Test Finished	"C" Present Y/N	Control Result Expected Results: Neg =NR Pos 1= R Pos 2= R	Results Acceptable? Y/N	Performed By:
Neg											
Pos 1											
Pos 2											

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

\*Documentation Reviewed by: \_\_\_\_\_

\*Nurse Educator, Unit-based trainer, Nurse Manager