

UTMB POCT Employee Validation Form

Prothrombin Time - CoaguCheck

Employee Name: _____ Employee ID: _____
 Clinic/Unit: _____ TSM Name: _____

Instructions for Employee validation:

1. Read policy/ procedure.
2. Take the PT POCT online test. (Passing score is 100%)
3. Perform patient comparison or quality control (direct observation by preceptor)
4. Complete validation tool and mail to the POCT office (route 0551) along with a copy of the online test score page.

| Preceptor Name: | Date: | Initials | |
|---|--------------|-----------------|-------------|
| | | Employee | Preceptor |
| 1. Read Policy/Procedure | | | |
| 2. Complete and score 100% on CoaguCheck PT online test. | | | |
| 3. Employee awareness of critical points: | | | |
| a. Quality Control Requirements: <ul style="list-style-type: none"> ▪ Electronic QC performed once per day of patient testing ▪ Two levels of liquid QC performed once per week | | | |
| b. Specimen Collection: <ul style="list-style-type: none"> ▪ Only the first drop of blood should be used ▪ Patients on heparin therapy may not be tested by this method | | | |
| c. Patient Testing: <ul style="list-style-type: none"> ▪ Sealed test strips must sit at room temp for at least 5 minutes prior to use ▪ Strips should be used within 4 minutes of removal from foil package | | | |
| d. Reporting Results <ul style="list-style-type: none"> ▪ PT results should be reported in the International Normalized Ratio (INR) to compensate for the variability in different instrument and reagent systems. ▪ The INR reportable range for the CoaguChek is 0.6- 8.0. PT INR values > 8.0 or < 0.6 should be reported as such. | | | |
| 4. Demonstration of Competency (choose one method) | | Pass | Fail |
| a. Patient comparison to UTMB high volume lab - send patient specimen to UTMB high volume lab along with proficiency/competency form POCT INR _____ HVL INR _____ % _____ | | | |
| b. Direct observation by preceptor of employee performing liquid QC INR High _____ Lot # _____ Acceptable Range _____ INR Low _____ Lot# _____ Acceptable Range _____ | | | |