

University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Urine Pregnancy Test Clearview HCG Competency

Performance Criteria	Meets Criteria		Comments
	Please Initial		
	Yes	No	

Knowledge Demonstration:

Knows how to store urine that cannot be tested immediately.			
Knows what to do if urine contains a lot of particulate matter.			
Know proper storage of test cassettes and controls.			
Can state the frequency of doing liquid controls for this test.			
Can explain how to complete the quality control and patient result correctly.			
Knows the HCG detection level of this test.			

Skill Demonstration:

Checks expiration date of test kit. Stores test kits at room temperature. Dates when opened.			
Checks expiration of controls. Stores controls in the refrigerator when not in use. Dates and initials controls when opened. Knows controls are good until the bottle expiration date.			
Performs Quality Control by running the two control levels of liquid control when a new box of test cassettes is opened. Verifies that results are acceptable.			
Know how to use/handle liquid urine controls.			
Demonstrates how to interpret the “built-in” internal procedural controls on the test cassette.			
Understands what to do if no red line appears in the control window.			
Performs processing of a patient sample to the point of result interpretation.			
Knows how to properly interpret the assay. Knows what a positive and negative result looks like.			
Records date, lot numbers, quality control, and patient results on the “Patient and Control Record Log sheet.” Records patient results on the patient chart.			
Knows the procedure to follow if patient test result is negative, but pregnancy is still suspected. Knows that Clinical Lab does a more sensitive test on serum.			
Disposes of test cassette and other contaminated materials using Standard Precautions.			
Knows the location and has general knowledge of the test procedural manual			

Employee Name (**print**): _____ Employee #: _____ Unit: _____

Employee Signature: _____ Position: _____

Evaluator Signature: _____ Initials: _____ Date: _____