

University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Cholestech LDX Competency

Performance Criteria	Meets Criteria Please Initial		Comments
	Yes	No	

Knowledge Demonstration:			
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States frequency of using Optics Check cassette.			
Knows the specimen tube to collect blood.			
Know proper storage of test cassettes, Optics Check cassette and liquid controls.			
States frequency of performing liquid controls for this test.			
Knows that patient results cannot be reported if controls do not give correct values.			

Skill Demonstration:			
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Checks expiration date of Optics Check cassette. Stores Optics Check cassette at room temperature. Dates when opened.			
Checks expiration date of liquid controls. Stores controls in the refrigerator when not in use. Dates controls with 30 day expiration date when opened.			
Performs Quality Control by running the two liquid control levels when a new shipment or a new lot number of test cassettes is received. Verifies that results are acceptable. Does not report patient results if controls are unacceptable.			
Checks expiration date of test cassettes. Knows cassettes stored at 2-8°C are stable until the expiration date on the cassettes. Labels the cassettes with a 30 day expiration date if stored at room temperature.			
Warms test cassettes to room temperature (10 minutes) before testing. Test cassettes are not removed from the foil pouch until ready to test.			
Records date, time, initials, lot number of test cassette, quality control, and patient name & results on the "Patient and Control Record Log sheet". Places initials and printed name on the bottom of the log.			
Performs processing of a patient sample to the point of result interpretation.			
Disposes of test cassettes and other contaminated materials in a red trash receptacle according to UCH policy.			
Knows the location and has read the test procedure.			

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

Employee Signature: _____ Position: _____

Evaluator Signature: _____ Initials: _____ Date: _____

Name: _____ **Unit:** _____ **Operator ID:** _____ **Date:** _____