

University of Colorado Hospital – Clinical Laboratory
Point of Care Testing Program
Urinalysis by Clinitek Status Competency

Performance Criteria	Meets Criteria		Comments
	Please Initial		
	Yes	No	

Knowledge Demonstration:			
States what the optimal specimen for this assay is and why only fresh urine should be used.			
Knows why a urine specimen that is over an hour old is unacceptable.			
Is familiar with interfering substances and how they affect the assays on the test strip.			
Skill Demonstration:			
Checks expiration date of reagent strips. Stores reagent strips at room temp. Dates when opened. Knows reagents are good until expiration date on bottle.			
Checks expiration of controls. Stores controls in the refrigerator when not in use. Dates and initials controls when opened. Knows controls are good until manufacturer expiration date on the bottle.			
Performs Quality Control by running the two control levels every day of patient testing and when a new box of reagent strips is opened.			
Knows that all reagent strips must remain in the original bottle with cap tightly shut.			
Performs complete processing of a patient sample to include analysis of strip by Clinitek Status urine strip reader.			
Knows to dip the strip completely, but briefly (no more than one second) to avoid dissolving out the reagents on the strip.			
Knows the importance of removing excess urine from the test strip and holding the strip horizontal to prevent mixing of reagent areas.			
Knows to perform daily cleaning of the Clinitek Status to insure reliable operation.			
Records strip lot number, daily cleaning, quality control, and patient results on the control/ patient result log.			
Disposes of test strips and patient specimens in a red trash receptacle according to UCH policy.			
Knows how to access the Urinalysis by Clinitek Status procedure and reads the procedure. States location of the manufacturer operator's manual and the Clinitek Status Quick Reference Guide and has general knowledge of each item's content.			

Employee Name (print): _____ Employee #: _____ Unit: _____
Employee Signature: _____ Position: _____
Evaluator Signature: _____ Initials: _____ Date: _____