**Louisiana State Board of Medical Examiners**

Clinical Laboratory Personnel Committee

630 Camp Street, New Orleans, LA 70130

Phone (504) 568-6820 Fax (504) 568-6823

**Laboratory Assistant Competency Checklist**

(Rev. 2016)

This form is to be completed by the Medical Director/Laboratory Director upon initial application and **annually** thereafter. Check only the procedures that the Lab Assistant demonstrates proficiency with CLIA standards as evidenced by unit specified criteria. Trainer must be a licensed practitioner at the CLS level or a specialist qualified in that specialty area. Procedures listed are representative samples of the technical competencies necessary for safe clinical practice. This checklist is intended for licensure purposes only.

**Name of Lab Assistant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To be completed by Medical Director/Laboratory Director, CLS-Generalist or Specialist (if in specialty).

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| 1. **General Laboratory** | **√Competency** | **Initial**  **Lab Assistant** | **Initial Trainer** |
| 1. Miscellaneous Duties |  |  |  |
| 1. Centrifuge operation and maintenance |  |  |  |
| 1. Refractometer operation and maintenance |  |  |  |
| 1. Cytospin operation and maintenance |  |  |  |
| 1. Hood operation and maintenance |  |  |  |
| 1. Proper storage of specimens for later testing |  |  |  |
| 1. Departmental record completion |  |  |  |
| 1. Departmental sample preparation |  |  |  |
| 1. Referral testing – sample requirements, packaging, reporting |  |  |  |
| 1. Specimen procurement |  |  |  |
| 1. Patient and sample identification |  |  |  |
| 1. Collection of samples |  |  |  |
| 1. Specimen labeling |  |  |  |
| 1. General venipuncture |  |  |  |
| 1. Heel stick |  |  |  |
| 1. Finger stick |  |  |  |
| 1. Whole blood bedside glucose testing |  |  |  |
| 1. Whole blood bedside testing other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Preparation of peripheral blood smears |  |  |  |
| 1. Collection of specimens for microbiology |  |  |  |
| 1. Emergency identification procedure |  |  |  |
| 1. Specimen collection for drug testing |  |  |  |
| 1. Handling of bio-hazardous materials/waste |  |  |  |
| 1. Guidelines for specimen rejection/acceptance |  |  |  |
| 1. Participation in proficiency testing program |  |  |  |
| 1. Other duties |  |  |  |
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| 1. **Hematology Specific** |  |  |  |
| 1. Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Review Policy/Procedure Manual |  |  |  |
| 1. Daily startup procedure |  |  |  |
| 1. Run and review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails. |  |  |  |
| 1. Perform CBC testing |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor assistance prior to reporting results. |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results. |  |  |  |
| 1. Demonstrates actions to be taken for lipemia, hemolysis, high or low HGB/HCT, WBC, PLTC, cold agglutinins, and any other interfering substances. |  |  |  |
| 1. Report acceptable results. |  |  |  |
| 1. Save/archive/file patient results per policy/procedure |  |  |  |
| 1. Performs preventative maintenance. |  |  |  |
| 1. Demonstrates ability to troubleshoot instrument per policy/procedure. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance for troubleshooting assistance when problem not corrected. |  |  |  |
| 1. Other duties performed |  |  |  |
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| 1. Coagulation Instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Review Policy/Procedure Manual |  |  |  |
| 1. Daily Startup procedure |  |  |  |
| 1. Run and review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails. |  |  |  |
| 1. Demonstrates actions to be taken for short samples. |  |  |  |
| 1. Perform PT and APTT testing. |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor assistance prior to reporting results. |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results. |  |  |  |
| 1. Report acceptable results. |  |  |  |
| 1. Save/archive/file patient results per policy/procedure |  |  |  |
| 1. Demonstrate ability to troubleshoot instrument per policy/procedure |  |  |  |
| 1. Demonstrate when to seek supervisor assistance for troubleshooting assistance when problem not corrected. |  |  |  |
| 1. Other duties performed. |  |  |  |
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| 1. Urinalysis instrument\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Review Policy/Procedure Manual |  |  |  |
| 1. Daily Startup procedure |  |  |  |
| 1. Run and review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails. |  |  |  |
| 1. Perform Urinalysis dipstick procedures |  |  |  |
| 1. Perform Urinalysis microscopic procedures with EXTENSIVE TRAINING |  |  |  |
| 1. Perform confirmation testing for positive results when necessary (eg, Clinitest, ictotest, SSA etc.)   List below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results |  |  |  |
| 1. Report acceptable results |  |  |  |
| 1. Save/archive/file patient results per policy/procedure |  |  |  |
| 1. Demonstrate ability to troubleshoot instrument per policy/procedure |  |  |  |
| 1. Demonstrate when to seek supervisor assistance for troubleshooting assistance when problem not corrected. |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor help to correlate UA chemistry and micro prior to reporting results. |  |  |  |
| 1. Other duties performed |  |  |  |
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| 1. Miscellaneous Tests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   List each test and method used. (ESR, Bleeding Time, Sickle cell, Occult blood) |  |  |  |
| 1. Review Policy/Procedure Manual |  |  |  |
| 1. Daily startup procedure |  |  |  |
| 1. Run and review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails |  |  |  |
| 1. Perform testing |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor assistance prior to reporting results. |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results |  |  |  |
| 1. Report acceptable results |  |  |  |
| 1. Save/archive/file patient results per policy/procedure |  |  |  |
| 1. Demonstrate ability to troubleshoot instrument per policy/procedure. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance for troubleshooting assistance when problem not corrected. |  |  |  |
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| 1. **Chemistry specific** |  |  |  |
| 1. Instrument \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Review Policy/Procedure Manual |  |  |  |
| 1. Daily startup procedure |  |  |  |
| 1. Run and review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails |  |  |  |
| 1. Perform testing |  |  |  |
| 1. Demonstrates actions to be taken for short samples, lipemia, hemolysis, or icteric specimens. Recognizes unacceptable specimens and interfering substances. |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor assistance prior to reporting results. |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results |  |  |  |
| 1. Report acceptable results |  |  |  |
| 1. Save/archive/file patient results per policy/procedure |  |  |  |
| 1. Demonstrate ability to troubleshoot instrument per policy/procedure. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance for troubleshooting assistance when problem not corrected. |  |  |  |
| 1. Other duties performed |  |  |  |
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| 1. **Immunology, Serology specific** |  |  |  |
| 1. Kit Testing (RPR, H. influenza, Monotest UPT, RSV, Strep A Screen, Rotovirus, ect.)   List Kit Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 1. Review Policy/Procedure Manual & package insert |  |  |  |
| 1. Run and Review Q.C. |  |  |  |
| 1. Follow policy/procedure corrective action for out of range Q.C. |  |  |  |
| 1. Demonstrate when to seek supervisor assistance if policy/procedure corrective action fails. |  |  |  |
| 1. Perform testing. |  |  |  |
| 1. Demonstrate ability to recognize critical and absurd values and when to seek supervisor assistance prior to reporting results. |  |  |  |
| 1. Seek supervisor assistance for critical or absurd results. |  |  |  |
| 1. Report acceptable results. |  |  |  |
| 1. Save/archive/file patient results per policy/procedure. |  |  |  |
| 1. Other duties performed |  |  |  |
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| 1. **Microbiology *(testing, reading and reporting results in Micro are high complexity tests and cannot be performed by a lab assistant)*** |  |  |  |
| 1. Culture routine, collection and setup |  |  |  |
| 1. Review policy/procedure for collection and setup |  |  |  |
| 1. Procure specimens of all types |  |  |  |
| 1. Demonstrates proper culture collection procedure. |  |  |  |
| 1. Demonstrates ability to set up cultures according to protocols for different specimen origins. |  |  |  |
| 1. Performs proper planting techniques. |  |  |  |
| 1. Demonstrates proper action to be taken for unacceptable specimens. |  |  |  |
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| 1. **Cytology specific** |  |  |  |
| 1. Specimen Processing |  |  |  |
| 1. Assists with collection of the following specimens: |  |  |  |
| 1. Bronchoscopy |  |  |  |
| 1. Fine Needle Aspiration |  |  |  |
| 1. Cyst Aspiration |  |  |  |
| 1. Buccal smears |  |  |  |
| 1. Renal biopsies |  |  |  |
| 1. Effusions |  |  |  |
| 1. Pleural biopsies |  |  |  |
| 1. Cytogenetics prep |  |  |  |
| 1. Logging and accessioning of specimens |  |  |  |
| 1. Fixation of specimens |  |  |  |
| 1. Staining and coverslipping |  |  |  |
| 1. Processing of specimens by centrifuge method |  |  |  |
| 1. Processing by cytocentrifuge method |  |  |  |
| 1. Filing slides, requisitions, and reports |  |  |  |
| 1. Miscellaneous procedures |  |  |  |
| 1. Solution preparation |  |  |  |
| 1. Carbowax |  |  |  |
| 1. Cresyl violet |  |  |  |
| 1. 3% Amphyl |  |  |  |
| 1. 10% Bleach |  |  |  |
| 1. Scott’s Tap Water |  |  |  |
| 1. Saponin |  |  |  |
| 1. Centrifuge operation and maintenance |  |  |  |
| 1. Fume/Biological hood operation and maintenance |  |  |  |
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|  |  |  |  |
| **Blood Bank Testing is high complexity and cannot be performed by a lab assistant.** |  |  |  |

Names, initials, credentials and license # of all evaluators – MD, CLS Generalist or Specialist (if in specialty area)

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| --- | --- | --- | --- |
| **Name** | **Initials** | **Credential (MD,GEN or SPE)** | **License #** |
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How was competency determined?

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I, the undersigned, attest to the proper training and monitoring of this Lab Assistant. I recognize that ongoing training and monitoring must be maintained on said individual according to the personnel competency requirements of CLIA. I further understand that Lab Assistants cannot perform High Complexity Testing, and that Moderate Complexity Testing must be monitored by at least a MLT. Any new testing performed must be documented on a new Training Checklist.

Signature of Medical Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Type of Facility: \_\_Hospital \_\_\_Laboratory \_\_\_Clinic \_\_\_Physician’s Office

Name of Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO NOT RETURN TO APPLICANT**

Mail to Louisiana State Board of Medical Examiners

630 Camp Street, New Orleans, LA 70130