SLD Specimen Submission Competency Record

Tech/ Medical Personnel: _____

Date Completed_____

Specimens and formsDateTechReviewerCorrect media/collection tubes for specimensKnowledge of acceptance/rejection criteriaSpecimen labeling and storage </th <th colspan="5">Pre-Analytic Criteria</th>	Pre-Analytic Criteria				
Knowledge of acceptance/rejection criteriaImage: Signature in the second se		Date	Tech	Reviewer	
Specimen labeling and storageImage: SLD Clinical Request Form requirementsImage: SLD Clinical Request Form requirementsSLD Directory of Services LocationImage: SLD Clinical Request Form requirementsImage: SLD Clinical Request Form requirementsNotifiable Conditions List LocationImage: SLD Clinical ReviewerDateTechReviewerAppropriate collection procedures for specimen typeImage: SLD Clinical Request Form appropriately-allImage: SLD Clinical Repuest Form appropriate SLD Clinical Repuest Form in outer sleeve no contact withImage: SLD Clinical Repuest Form in outer sleeve no contact withSpecimenSafety <td< td=""><td>Correct media/collection tubes for specimens</td><td></td><td></td><td></td></td<>	Correct media/collection tubes for specimens				
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SLD Directory of Services Location Image: Conditions List Location Notifiable Conditions List Location Image: Conditions List Location Analytic Criteria Image: Conditions List Location Collection & Submission Performance Date Tech Reviewer Appropriate collection procedures for specimen type Image: Conditions <	Specimen labeling and storage				
Notifiable Conditions List LocationAnalytic CriteriaCollection & Submission PerformanceDateTechReviewerAppropriate collection procedures for specimen typeSpecimen labeling two identifiers </td <td>SLD Clinical Request Form requirements</td> <td></td> <td></td> <td></td>	SLD Clinical Request Form requirements				
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Collection & Submission PerformanceDateTechReviewerAppropriate collection procedures for specimen typeSpecimen labeling two identifiersSpecimen labeling corresponding information with General Clinical Request FormFills in SLD Clinical Request Form appropriately-all highlighted areas completeTemperature requirements for specific specimen type </td <td>Notifiable Conditions List Location</td> <td></td> <td></td> <td></td>	Notifiable Conditions List Location				
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	Required labeling for shipping biological specimens				

Quiz (Must answer correctly for successful competency assessment)

- SLD has specific requirements for specimen collection and holding times where can this information be found?
- 2. Define an EIP isolate.

3. Define submitter code. What is your facilities submitter code?

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- 4. How many identifiers are required on both the Clinical Request Form & specimen?
- 5. Highlighted areas on the Clinical Request Form are ______and non-highlighted
- 6. Shipping conditions are dependent on the type of specimen, what are the three different conditions? Where can you find the correct conditions of the specimen to be shipped?

7.	Shipping biologica	al specimen's categor	y B requires a specific la	abel on outer	shipping box,	how is
	it designated?					

8. List some examples of a compromised specimen that can cause rejection.

9. List some example of an improperly labeled specimen that can cause rejection.

10. List	t some notifiable conditions in New Mexico.	Who must be contacted with a notifiable
cor	ndition in New Mexico?	
Score:		
Acknowled	dgement of Competency	
Tech/Medi	ical Personnel:	Date:
Training De	esignee	Date: