

ABL90FLEX Operator Competency and Re-evaluation Form

Please fill appropriate fields in CAPITALS ONLY. Failure to do so may delay in getting access to the device.

First Name:

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Surname:

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Payroll/Employee #

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 (This must be 8 Digits)

Hospital: _____ Department: _____ Email: _____

GOAL: To demonstrate competency in the use of the ABL90FLEX **Competent Y/N** **Comments**

1. Adequate removal of flush solution in a-lines prior to blood collection		
2. Use of correct syringe/capillaries for sample collection		
3. Required sample type and minimum volume (65ul)		
4. Understands when a sample becomes unacceptable		
5. Correct storage procedures if required		
6. Able to log-on to the analyser		
7. Understands meanings of the coloured touch screen lights		
8. Recognizing the analyser is ready for a sample		
9. Recognizing parameter availability via parameter toolbar		
10. Removal of air bubble prior to analysis		
11. Adequate mixing of sample prior to analysis		
12. Removal of clots from the tip of the syringe and drawing back on syringe before analysis		
13. Able to initiate sample analysis on ABL90FLEX (raise probe inlet)		
14. Able to recognise and run a sample on syringe and a capillary mode		
15. Able to remove sample and close the probe inlet, as prompted by the analyser		
16. Able to select the required test for sample analysis		
17. Able to enter correct patient ID		
18. Able to verify correct patient demographics		
19. Thoroughly understands and follows correct procedure when an incorrect patient ID is entered		
20. Correct disposal of contaminated items		
21. Able to load printer paper into the ABL90FLEX if required, able to reprint reports		
22. Understands security of passwords and implications of sharing passwords with unauthorised staff		
23. Understands who to contact to obtain assistance		

Trainee: _____ Signed: _____ Date: _____

Evaluator: _____ Signed: _____ Date: _____

**THIS CERTIFICATION IS ONLY VALID FOR 12 MONTHS FROM THIS DATE
PLEASE SEND/FAX THIS FORM TO YOUR HUB CO-ORDINATOR OR YOUR LOCAL PATHOLOGY LAB**

Entered in AQUIRE
Sign/ Date: _____