



**General Clinical Rotation  
Competency Checklist**

Clinical Rotation  
 Site: \_\_\_\_\_  
 Preceptor Printed Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name: \_\_\_\_\_

| Area                             | Specific requirements   | Notes | Check off   |
|----------------------------------|---|-------|---|
| Quality Control and Maintenance  | Performs QC on routinely used analyzers in all departments  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|                                  | Observes or performs preventative maintenance in all departments  |       |   |
|                                  | Evaluates Levey-Jennings charts for Westgard Rule violations  |       |   |
|                                  | Troubleshoot QC violations in all departments   |       |   |
| Specimen Acceptability           | Discuss the reasons and follow-up procedures for rejection of samples according to department protocol  |       | <input type="radio"/> Completed<br><input type="radio"/> Venipuncture not performed at site |
|                                  | Successfully performs a <b>minimum of 5 venipunctures</b>   |       |   |
| Urinalysis                       | Successfully performs a minimum of <b>15 urine microscopic analyses (TRY to get at least 10 with formed elements such as casts, WBCs, RBCs, crystals, bacteria, etc.)</b> |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|                                  | Discuss correlation between instrument report and the microscopic results   |       |   |
| Analyzer operation and Reporting | Read/discuss principle of the instrument operation or test procedure reaction.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|                                  | Perform instrument start-up and/or shutdown.  |       |   |
|                                  | Evaluates histograms, scatterplots, clot curves, chemistry reports, etc. for accuracy   |       |   |
|                                  | Discuss "critical" or "panic" values and reporting protocol   |       |   |
|                                  | Discuss and observe LIS result entry.   |       |   |
| Theory                           | Discuss and observe delta check protocol.   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|                                  | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states.                                 |       |   |
| Special Procedures               | Erythrocyte Sedimentation Rate  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Reticulocyte Counts   |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Body Fluid analysis   |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Bone Marrow collection and smear preparation  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Malarial smear  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | TEG or PFA  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Flow Cytometry  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Serology tests (Flu, HCG, Strep, etc.)  |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |
|                                  | Electrophoresis   |       | <input type="radio"/> Completed <input type="radio"/> Not Available                         |



## Urinalysis Clinical Rotation Competency Checklist

Clinical Rotation  
 Site: \_\_\_\_\_  
 Preceptor Printed Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name: \_\_\_\_\_

| Area                                    | Specific requirements   | Notes | Check off   |
|---|---|-------|---|
| <b>Quality Control and Maintenance</b>  | Performs QC on routinely used analyzers in all departments  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|   | Observes centrifuge function and maintenance  |       |   |
|   | Observes or performs preventative maintenance in all departments  |       |   |
|   | Evaluates Levey-Jennings charts for Westgard Rule violations  |       |   |
|   | Troubleshoot QC violations in all Urinalysis  |       |   |
| <b>Specimen Acceptability</b>           | Discuss the reasons and follow-up procedures for rejection of samples according to department protocol. Discussed urine interfering substances                            |       | <input type="radio"/> Completed<br><input type="radio"/> Not applicable |
| <b>Urinalysis</b>                       | Successfully performs a minimum of <b>15 urine microscopic analyses (TRY to get at least 10 with formed elements such as casts, WBCs, RBCs, crystals, bacteria, etc.)</b> |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|   | Discusses protocol for reflex to urine microscopic. Discusses and understands reflex to urine   |       |   |
|   | Discuss correlation between instrument report and the microscopic results   |       |   |
| <b>IRIS</b>                             | Specimen aliquoting of urine, labeling, sample volume for IRIS, urine culture aliquoting.   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Analyzer operation and Reporting</b> | Read/discuss principle of the instrument operation or test procedure reaction.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|   | Perform instrument start-up and/or shutdown.  |       |   |
|   | Evaluates histograms, scatterplots, clot curves, chemistry reports, etc. for accuracy   |       |   |
|   | Discuss "critical" values and reporting protocol  |       |   |
|   | Discuss and observe LIS result entry.   |       |   |
|   | Discuss and observe delta check protocol.   |       |   |
| <b>Theory</b>                           | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states.                                 |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Special Procedures</b>               | Amnisure testing  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | Semen Analysis  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | Body Fluid analysis   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | DNA testing   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | PKU collection  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | Flow Cytometry  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | Serology tests (, HCG, Strep, Mono, HIV)  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|   | Additional Tests:   |       |   |



**Chemistry Clinical Rotation  
Competency Checklist**

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| Clinical Rotation<br>Site: _____<br>Preceptor Printed Name(s):<br>_____<br>_____ |
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Student Name: \_\_\_\_\_

| Area   | Specific requirements  | Notes | Check off   |
|--|--|-------|---|
| <b>Quality Control and Maintenance</b>                     | Performs QC on routinely used chemistry analyzers and immunoassays   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Observes or performs preventative maintenance on all chemistry analyzers   |       |   |
|  | Evaluates Levey-Jennings charts for Westgard Rule violations.  |       |   |
|  | Troubleshoot QC violations on all chemistry analyzers  |       |   |
| <b>Calibrations and linearity</b>                          | Discuss/observe calibration procedure and protocol of different analytes.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Discuss/observe frequency and procedure for linearity studies of chemistry equipment   |       |   |
| <b>Specimen Acceptability</b>                              | Discuss the reasons and follow-up procedures for rejection of samples according to department protocol.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Determines appropriate sample type (serum/plasma, additive, etc.)  |       |   |
|  | Identifies preanalytical errors and/or physiological conditions which will interfere with specific tests, ie, hemolysis, lipemia, icterus, incorrect tube additive, etc. |       |   |
| <b>Analyzer operation of Patient Samples and Reporting</b> | Read/discuss principle of the instrument operation or test procedure reaction.   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Perform instrument start-up and/or shutdown.   |       |   |
|  | Appropriately acts on results beyond the linearity and/or reportable range of the instrument/network   |       |   |
|  | Discuss "critical" or "panic" values and reporting protocol  |       |   |
|  | Discuss and observe LIS result entry.  |       |   |
|  | Discuss and observe delta check protocol.  |       |   |
|  | <b>Discuss and perform dilutions when necessary.</b>   |       |   |
| <b>Referral (send out) Testing</b>                         | Discuss/observe specimen processing, paperwork, and tests involved in referral testing   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Theory</b>  | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states.                                |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Special Procedures</b>                                  | Osmometry  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Serology (Flu, Strep, HCG, Mono, etc.)   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Electrophoresis  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Sweat Chloride   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Esoteric chemistry testing:  |       |   |



**Point of Care Clinical Rotation  
Competency Checklist**

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| Clinical Rotation<br>Site: _____<br>Preceptor Printed Name(s):<br>_____<br>_____ |
|--|

Student Name: \_\_\_\_\_

| Area   | Specific requirements  | Notes | Check off   |
|--|--|-------|---|
| <b>Quality Control and Maintenance</b>                     | Performs QC on routinely used on Point of care devises. Knowledgeable of daily and monthly QC  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Observes or performs preventative maintenance and /or cleaning analyzers   |       |   |
|  | Glucose, ISTAT, Medtronic, HCG, Rapid strep Reagent storage  |       |   |
|  | Troubleshoot QC violations on all chemistry analyzers  |       |   |
| <b>Calibrations and linearity</b>                          | Discuss/observe calibration procedure and protocol of different analytes.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Discuss/observe frequency and procedure for linearity and or correlation studies of equipment  |       |   |
| <b>Specimen Acceptability</b>                              | Discuss the reasons and follow-up procedures for rejection of samples according to department protocol.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Determines appropriate sample type (serum/plasma, additive, etc.)  |       |   |
|  | Identifies preanalytical errors and/or physiological conditions which will interfere with specific tests, ie, hemolysis, lipemia, icterus, incorrect tube additive, etc. |       |   |
| <b>Analyzer operation of Patient Samples and Reporting</b> | Read/discuss principle of the instrument operation or test procedure reaction.   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Perform instrument start-up and/or shutdown.   |       |   |
|  | Appropriately acts on results beyond the linearity and/or reportable range of the instrument/network   |       |   |
|  | Discuss "critical" values and reporting protocol   |       |   |
|  | Discuss and observe LIS result entry.  |       |   |
|  | Discuss and observe delta check protocol.  |       |   |
| <b>Trauma protocol with iSTAT testing</b>                  | Discuss/observe specimen processing, paperwork, and tests involved in the trauma protocol  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  |  |       |   |
| <b>Theory</b>  | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states.                                |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Special Procedures</b>                                  | Glucose – NOVA meter   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Serology (Strep, HCG,)   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Medtronic  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | iSTAT – CG*, Chem 8, Medtronic   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | iSTAT – BNP – Troponin – orders, results, critical results, critical result documentation , Pending list,  |       |   |



**Microbiology Clinical Rotation  
Competency Checklist**

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| Clinical Rotation<br>Site: _____<br>Preceptor Printed Name(s):<br>_____<br>_____ |
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Student Name: \_\_\_\_\_

| Area   | Specific requirements  | Notes | Check off   |
|--|--|-------|---|
| <b>Quality Control and Maintenance</b>                   | Performs QC on routinely used microbiology reagents, media, and applicable instrumentation   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Observes or performs preventative maintenance on microbe identification and blood culture instruments  |       |   |
| <b>Specimen Processing (except 2 week rotations)</b>     | State the sample types that are acceptable/rejection criteria for each type of culture or rapid test.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Correctly identifies source identification and proper labeling   |       |   |
|  | Appropriately streaks, inoculates, incubates, and/or packages the specimens according to procedure   |       |   |
| <b>Blood Cultures</b>                                    | Read/discuss principle of the instrument operation or test procedure reaction.   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Load and unload blood culture bottles  |       |   |
|  | Discuss and/or perform the procedure for processing and "calling" positive blood cultures  |       |   |
| <b>Microbial ID and Sensitivity</b>                      | Discuss the methodology of the microbial identification and sensitivity system.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Successfully inoculate and read ID and sensitivity panels.   |       |   |
|  | Recognize and troubleshoot results that are unexpected or unacceptable.  |       |   |
| <b>Gram Stains (except 2 week rotations)</b>             | Successfully completes a <b>minimum of 5 respiratory, 5 blood culture, and 5 wound/misc gram stains</b>  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Plate Reading (only during 2 or 3 week rotations)</b> | Discuss, observe, and participate in identifying pathogenic organisms in the following types of cultures: blood cultures, respiratory, gastrointestinal, urogenital, and miscellaneous sites such as wounds, CSF and other body fluids.) |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Identify normal flora and differentiate normal flora from pathogens in each of culture types listed above.   |       |   |
| <b>Theory</b>  | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Special Procedures</b>                                | Catalase, Coagulase, Staph or Strep Typing   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Oxidase, Indole, PYR   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Catarrhalis, Microdase, Cefinase disks   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Wet mounts   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | MRSA screens   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Kirby Bauer, Etest, etc.   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Molecular Diagnostics (Cepheid, OptiGene, etc.)  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Serology tests (Flu, Strep, RSV, etc.)   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |



## Hematology Clinical Rotation Competency Checklist

Clinical Rotation  
 Site: \_\_\_\_\_  
 Preceptor Printed Name(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Student Name: \_\_\_\_\_

| Area                                     | Specific requirements   | Notes | Check off   |
|--|---|-------|---|
| <b>Quality Control and Maintenance</b>   | Performs QC on routinely used hematology and coagulation analyzers and coag centrifuge  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Observes or performs preventative maintenance on hematology and coagulation analyzers   |       |   |
|  | Evaluates Levey-Jennings charts for Westgard Rule violations  |       |   |
|  | Troubleshoot QC violations in both hematology and coagulation   |       |   |
| <b>Blood Smears</b>                      | Successfully prepares a minimum of <b>10 blood smears</b> with feathered edges and evenly distributed cells                               |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Specimen Acceptability</b>            | Discuss the reasons and follow-up procedures for rejection of samples according to department protocol.                                   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Analyzer operation and Reporting</b>  | Read/discuss principle of the instrument operation or test procedure reaction.  |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Perform instrument start-up and/or shutdown.  |       |   |
|  | Evaluates histograms, scatterplots, clot curves for accuracy  |       |   |
|  | Discuss "critical" or "panic" values and reporting protocol   |       |   |
|  | Discuss and observe LIS result entry.   |       |   |
|  | Discuss and observe delta check protocol.   |       |   |
| <b>Theory</b>                            | Discuss the clinical significance of abnormal results obtained, correlating patient results as to possible disease and/or therapy states. |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
| <b>Manual Differentials/ Cell Counts</b> | Successfully perform a minimum of <b>15 "normal" manual differentials (blood or body fluid)</b>   |       | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable |
|  | Successfully perform a minimum of <b>15 "abnormal" manual differentials (blood or body fluid)</b>   |       |   |
|  | Successfully performs a minimum of <b>3 body fluid cell counts</b> according to laboratory procedure                                      |       |   |
|  | Reviews criteria for pathology review of blood and body fluid smears  |       |   |
| <b>Special Procedures</b>                | Bone Marrow collection and smear preparation  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Reticulocyte Counts   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Erythrocyte sedimentation rate  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Malarial smear  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Sickle cell solubility  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Platelet function assay   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | TEG   |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |
|  | Urinalysis (QC, dipstick, UA microscopics)  |       | <input type="radio"/> Completed <input type="radio"/> Not Available     |



**Immunoematology Clinical Rotation  
Competency Checklist**

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| Clinical Rotation<br>Site: _____<br>Preceptor Printed Name:<br>_____<br>_____ |
|---|

Student Name: \_\_\_\_\_

| Area   | Specific requirements  | Notes   | Check off   |
|--|--|---|---|
| <b>Quality Control</b>                       | Performs QC on routinely used blood bank reagents  |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Reviews QC and preventative maintenance procedures for cell washers, heat blocks, refrigerators and freezers   |   |   |
| <b>Components</b>                            | Discuss appropriate utilization of cryoprecipitate, fresh frozen plasma, CMV negative RBCs, platelets, and other products.                                     |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Discuss and/or observe component processing such as irradiation, pooling, aliquoting and concentrating   |   |   |
|  | States expiration time and storage temperature for each component.   |   |   |
| <b>Specimen Acceptability and collection</b> | States the reason for rejection of samples by the transfusion service.   |   | <input type="radio"/> Completed<br><input type="radio"/> Venipuncture NOT performed at site |
|  | Successfully perform a minimum of <b>5 venipuncture procedures</b>   |   |   |
| <b>Blood Distribution</b>                    | Discuss reasons for rejection of components due to appearance.   |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Discuss labeling required on component bags  |   |   |
|  | Discuss and/or observe the documentation process in the LIS  |   |   |
| <b>Routine Testing</b>                       | Successfully performs a minimum of <b>10 ABO/D and Antibody Screens (T&amp;S)</b>  |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Successfully performs a minimum of <b>5 crossmatches</b> (can be included with the T&S samples above)  |   |   |
|  | Successfully performs a minimum of <b>5 antibody identifications</b> (wet or dry)  |   |   |
|  | Lists and states the antibody class, phase of reactivity, clinical significance and transfusion requirements: Rh, Jk, K, Fy, Lutheran, M, N, S, Le, P1, and I. |   |   |
| <b>DAT</b>                                   | Successfully performs a minimum of <b>2 Direct Antiglobulin Tests (DAT)</b>  |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Discuss and/or perform an elution.   |   |   |
| <b>Rh Immune Globulin work up</b>            | Discuss when the Rh Immune Globulin work up is performed   |   | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |
|  | Discuss and/or observe the fetal bleed screen  |   |   |
|  | Discuss and/or observe the Kleihauer-Betke stain.  |   |   |
|  | Discuss and/or observe the process for determining the number of vials to give   |   |   |
| <b>Special Testing</b>                       | Discuss and/or observe appropriate use of enzyme-treated cells, neutralizations, elutions, auto-absorptions, etc.  | List the special tests they observed/performed: | <input type="radio"/> Completed<br><input type="radio"/> Not Applicable                     |