

# fFN Operator Competency

<b>Name:</b>
<b>Employee Number:</b>
<b>Position:</b>
<b>Date:</b>
<b>Trainer:</b>

Operators to sign groups where indicated once completed

<b>Sample collection and transport</b>	<b>User signature</b>
<ul style="list-style-type: none"> <li>• Follow collection guidelines</li> <li>• Aware of precautions and unacceptable samples</li> </ul>	
<b>Calibration and Quality Control</b>	<b>User signature</b>
<ul style="list-style-type: none"> <li>• Users aware of Calibration and QC requirements</li> <li>• Liquid QC required for each lot number of each delivery</li> <li>• Calibration of each new lot number of kit prior to use</li> <li>• Running, recording, expiry and storage of Liquid QC</li> </ul>	
<b>Sample Testing</b>	<b>User signature</b>
<ul style="list-style-type: none"> <li>• Run PeriLynx QCette prior to every patient and record result</li> <li>• Remove cassette from foil pouch</li> <li>• Insert cassette and enter all required information</li> <li>• Add sample with pipette when prompted</li> <li>• Aware of 'Invalid' as a result</li> <li>• Aware of test limitations</li> <li>• Record result correctly. Print x2 copies</li> <li>• Reprint results as required</li> <li>• Replace paper as required</li> </ul>	
<b>Available Resources</b>	<b>User signature</b>
<ul style="list-style-type: none"> <li>• Reviewed user manual</li> </ul>	
<b>Signed by Trainer (POCT QM or Midwife Educator/Trainer)</b>	<b>Trainer signature</b>

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