

CHECKLIST

The following Checklist outlines the learning objectives of the Pre-analytical Training Program and serves as a competency document for the clinical trainer and trainee during the training period.

Trainees are responsible for completing the documented activities and returning the Checklist to their respective supervisors for training documentation.

For each activity, circle the appropriate letter(s) in the *Evaluation Method* column, date and initial.

	Evaluation Method	Date	Initials (trainee)
Read <i>Improved Practices Guide</i>	E O P S V		
Observe/perform arterial-puncture sampling technique	E O P S V		
Observe/perform arterial-line sampling technique	E O P S V		
Observe/perform capillary-site preparation and sampling technique	E O P S V		
Prepare a sample	E O P S V		
Specimen collection requirements/volume	E O P S V		
Heparin precautions/electrolytes	E O P S V		
Air-bubble removal	E O P S V		
Sample mixing ("rock-and-roll")	E O P S V		
Analysis (timing/storage)	E O P S V		
Complete knowledge test and supply scored certificate	E O P S V		

Evaluation Method Key: **E**-Examination (written) | **O**-Observation | **P**-Policy/Documentation Review | **S**-Simulation (practical) | **V**-Verbalization

Trainee: Name: _____ Signature: _____ Date: _____

Trainer: Name: _____ Signature: _____ Date: _____

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Pre-analytical Training Program

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