MLAB 2360: Clinical I
Microhematocrit

Competency Assessment Form

Time Limit = 20 minutes

Student: _____ Date: _____ Initial Test ☐

Testing Location: _____ Retest ☐

Start Time: _____ End Time: _____

Action **(Note: The skill is to be started by the instructor stating "You have been given an order from the physician for a microhematocrit on your patient.")**	***Performed***	***Not Performed***
Dons appropriate PPE for the task	☐	☐
Demonstrates preparedness by having all supplies on hand	☐	☐
Adds whole blood to microhematocrit tube using correct technique	☐	☐
Inoculates microhematocrit tube with clay using correct technique	☐	☐
Orients the microhematocrit tube in the centrifuge appropriately	☐	☐
Notates the length of time required for centrifugation	☐	☐
Interprets results according to written standard procedures using both card & wheel	☐	☐
Records results using correct units	☐	☐
Discards harzardous waste, if applicable	☐	☐

Total Checks: _____ _____

(Any check in a gray box indicates an unsatisfied critical criteria)

Comments:

_____

_____

_____

_____

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Scoring:

Total Possible Checks = 9

Minimum Required = 8

Total Checks Acquired = _____

Critical Criteria Met? ☐ ☐

_____

Pass ☐ ***Fail*** ☐

Instructor's Signature: _____

Student's Signature: _____

An action plan will be developed for the student if critical criteria are not met.

Action Plan: