

## PROCEDURE/INSTRUMENT: Syphilis Health Check Competency Exam

Initial Competency    Semi-annual Competency    Annual Competency (CY: \_\_\_\_\_)    Follow up

This exam is to be performed after Initial Orientation & Training and prior to performing technical duties, 6 months after initial competency assessment, and annually thereafter.

**THIS TEST MUST BE PERFORMED IN FRONT OF ANOTHER CERTIFIED OPERATOR  
(CERTIFIED OPERATOR = A STAFF MEMBER CURRENTLY APPROVED TO PERFORM TEST)**

**I HAVE READ THE SYPHILIS HEALTH CHECK POLICY AND PROCEDURE AND THE CHANGES THEREIN BEFORE  
TAKING THIS EXAM AS INDICATED BY MY INITIALS HERE: \_\_\_\_\_.**

WRITTEN TEST QUESTIONS – ANSWER TRUE OR FALSE	ANSWER
1. A plasma specimen may be used for testing.	
2. If I mistrust a result, for any reason, I should repeat the test immediately.	
3. The Syphilis Health Check test is considered a High Complexity test according to the FDA.	
4. The kit is stable until the expiry date stated on the package label.	
5. Dispense 25 uL of whole blood into the sample well.	
6. If there is no color line visible in the “C” control area, whether or not there is a line in the “T” test area, the test is invalid and cannot be interpreted.	
7. The patient result may be read any time before 3 minutes or after 5 minutes.	
8. Only 1 line must appear on the kit in order to read the patient result as positive.	
9. It is acceptable to use the first drop of blood for testing.	
10. If a test fails QC, it is considered <i>invalid</i> and must be repeated.	
<b>STOP!</b>	<b>SCORE</b>
You must score <b>100%</b> on the written test (above) to proceed to test demonstration (below).	

<b>Printed Name:</b>	<b>License # (Required):</b>	<b>Location:</b>
<b>Syphilis Health Check Kit Lot #:</b>	<b>Kit Exp. Date:</b>	<b>Blind Sample #:</b>
1. QC line was present in control window:	YES	NO
2. QC background cleared or remained clear:	YES	NO
3. “Patient” (Blind Sample) Result:		

<b>I Performed This Test (Signature):</b>  _____ /Date:	<b>I Observed This Test Being Performed (Signature):</b>  _____ /Date:
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