Chembio Rapid HIV 1/2 STAT PAK

Competency Assessment

☐ Initial Competency ☐ Semi-annual Competency ☐ Annual Competency (CY: _____) ☐ Follow up

This competency assessment is to be performed with the Initial Orientation & Training before performing patient testing, at six months, and then annually after the initial competency. (Newly trained staff must perform this twice within the first year). This assessment must be performed in front of another certified operator.

Printed Name:	License #:	Work location:
I have READ the Chembio Rapid HIV 1/2 STAT-PAK Assay Policy and Procedure prior to taking this test as indicated by my initials: _____		

Part 1: Written Test Questions – Circle True or False	Answer
1. The test is considered INVALID and should be repeated if a solid line is not directly next to the (C) control line area, or if it is missing completely.	T / F
2. The FDA considers this a waived test since the patient sample is a fingerstick.	T / F
3. I should NOT run the test off blood from a vacutainer draw, only a fingerstick.	T / F
4. You only need to run either HIV-1 **or** HIV-2 REACTIVE QC weekly.	T / F
5. Only 1 line should appear on the test device window to read the result as REACTIVE.	T / F
6. I can read and report a REACTIVE or NONREACTIVE result before 15 minutes.	T / F
7. Test kit devices are be stored between 8 to 30 ^{o}C (or 46 to 86^{o}F), or roughly room temp.	T / F
8. The 3 levels of QC are be stored between 2 to 8^{o}C (36-46^{o}F), or refrigerated.	T / F
9. I should never show a patient the rapid test device result after the 15 minutes.	T / F
10. I should always use 3 drops of running buffer; do not use only 1 or 2 drops.	T / F
You must score 100% on the above written test to proceed to test demonstration below.	**SCORE:**

Part 2: Competency Test Demonstration Run either HIV-1 or HIV-2 positive controls. Circle which QC you used.				
Circle: HIV 1 or HIV 2	Test device lot #:	Exp. Date:	QC lot #:	Exp. Date:
A solid pink/purple line was present in (C) line area:			YES	NO
A solid or faint pink/purple line was present in the (T) line area:			YES	NO

I **Performed** this test (Signature): Date:	I **Observed** this test being performed (Signature): Date:

Upon Completion: Please scan and email to Point of Care Testing staff: francis.corteza@sfdph.org and cassiusmicho.santiag@sfdph.org. OR fax to POCT office: 415-206-3451.
Unit Manager is encouraged to retain a copy in employee or unit file.