



CAPT_PRG_0100CI1 Point of Care Urine Pregnancy (Technologist Choice) Training Checklist

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Point of Care Urine Pregnancy (Technologist Choice) Training Checklist

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	TASK/COMPETENCY	COMPLETED
1.	Complete Learning Hub: BCC-Vancouver Centre Point of Care Test - hCG One Step Pregnancy Test (35064) course and Quiz	
2.	Review the Technologist Choice One-Step Pregnancy Test Procedure.	
3.	Demonstrates hand hygiene protocol and wears gloves when performing both the quality control and patient sample.	
4.	Bio-Rad Urine Quality Controls: Provided by the lab monthly. <ul style="list-style-type: none"> • Stored at room temperature. • Date open and expired on tubes – good for 31 days after opening at room temperature. 	
5.	Perform Quality Control : <ul style="list-style-type: none"> • Frequency: Performed weekly or when opening new lot of kits • Enter date, lot number and expiration date of kit. • Levels 1 (blue/negative) & Level 2 (red/positive) • Open 2 kits, add 3 drops from each control to the test well. Set timer for 5 minutes. • Document results on POCT Pregnancy QC Form: <ul style="list-style-type: none"> ○ Pass or Fail ○ Initial or Operator ID 	
6.	Labels Urine Sample Containers with TWO patient identifiers .	
7.	Understand Sample requirement and sample stability protocols - including sample settling time for cloudy specimens.	
8.	Labels test cassette with TWO patient identifiers .	
9.	Dispense three full drops urine in sample area	
10.	Set timer for 5 minutes . Do not read past 10 minutes!	
11.	Looks for coloured line in C and T region at 5 minutes – know test limitations. <ul style="list-style-type: none"> • Positive – Two coloured lines appear • Negative – One coloured line control region © and no coloured line in test region (T) • Invalid – No coloured line appears in the Control region © 	
12.	Record result in patient chart.	
13.	Understand ongoing competency requirements: 1 set of QC per year and completion of Learning Hub Course & Quiz.	

Employee: _____ **Signature:** _____
 By signing, I understand the significance of and am able to perform all the above items and I will follow applicable procedures.

Trained by (Lab/CNE/CNC): _____ **Date:** _____

For further information, contact Laboratory Point of Care Laboratory

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