

Name:		Employee ID #:	
Unit:		Title:	
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health policy.			
These skills will be considered complete when all below performance criteria are completed and have been scanned and emailed to: hs-cppn@ucdavis.edu			
		Date Completed (or N/A)	Verifier Initials
Urine Drug Screen by Alere iCup Dx pro 2		DAHS-NSCALERE21-POCT	
Completes online module and reads associated policy			
Describes proper sample collection of urine and demonstrates importance of appropriate collection times			
Demonstrates or describes proper test procedure			
Correctly interprets results			
Verbalizes understanding of valid results (internal procedural controls) and articulates appropriate action for out of control results			
Describes external quality control testing procedure, stability of reagents and requirements of performance			
PRECEPTOR SIGNATURE			
Signature and Printed Name of Preceptor or other verified personnel who have initialed on this form:			
Initial:	Print Name:	Signature:	

PRECEPTEE STATEMENT AND SIGNATURE:

I have read and understand the appropriate UC Davis Health policies and/or equipment operations manual; I have demonstrated the ability to perform the verified skills as noted

Printed Name	Signature	Date