**Self Assessment Competency Statement for Roche Coaguchek Pro II**

* Ask a trained colleague to observe you carry out a test using the Roche Coaguchek Pro II.

Carefully read, consider and tick off the following statements;

* I am happy with the training I have undertaken for the Roche Coaguchek Pro II.
* I know it is a disciplinary offence to share my Operator ID or allow others to use equipment in my name.
* I know where to find the INR meter, QC controls and test strips
* I know how to carry out quality control on the meter
* I know how to consent, prepare and take patients samples if appropriate.
* I know the importance of timing before reading the results
* I know where and how to record the patients INR results & understand the importance of this.
* I know the importance of, and how to act upon abnormal results
* I can describe the infection control measures in place for the analysis
* I know how to carry out and report the external quality assurance samples
* I can describe the contraindications and limitations of the INR meter
* I know how to report a broken meter, seek help if required and where to find the Standard Operating Procedure (on Staffroom).
* My observing colleague is happy to sign to say that I have competently performed the test in accordance with the protocol.

ONLY if you are happy with the above statements, you and your colleague should BOTH sign below and return the statement to Point of Care Testing (either by internal post or scanned to our mailbox POCT.Team@york.nhs.uk.

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| --- | --- |
| Your name and Operator ID (if known): |  |
| Your signature |  |
| Ward/Department |  |
| Observer/Trainer Name and Signature |  |
| Date: |  |