

## **SELF ASSESSMENT- COMPETENCY STATEMENT FOR PREGNANCY TESTS USING QUPID**

Ask a trained colleague to observe you carry out a patient test using the QUPID pregnancy test kit and carefully read, consider, and tick off the following statements:

- I have undertaken educational training or completed recertification within the last 2 years
- I am happy with the training I have undertaken for the Qupid pregnancy tests.
- I know how to get supplies of the QUPID pregnancy test kit and how to store them.
- I know how to consent, prepare, and obtain patient samples for pregnancy testing.
- I know the importance of the correct timing of reading pregnancy test results.
- I know the importance of reading the test result in good light.
- I know and understand the importance of correctly recording test and patient details on the audit sheet.
- I know of infection control measures associated with using the QUPID pregnancy test kit.
- I know how to carry out and report the external quality assurance samples.
- I feel competent to carry out a patient test using the QUPID pregnancy test kit
- I know the limitations and contraindications of using the QUPID pregnancy test kit.
- My observing colleague is happy to sign to say that I have 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 this statement to Point of Care Testing (either by internal post or scanned to our mailbox [yhs-tr.poct.team@nhs.net](mailto:yhs-tr.poct.team@nhs.net))

<b>Your name and Operator ID (if known):</b>	
<b>Your signature:</b>	
<b>Ward/Department:</b>	
<b>Name and signature of Observer/Trainer:</b>	
<b>Date:</b>	