

# PixCell HemoScreen Training Record

FOR-POC-038

Issued: 6 March 2025    Approved by: R. Nallas

|                                                                                                                                                                                                                                                        |                                                                                                                          |                            |                    |              |      |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------|--------------|------|-----|
| First Name:                                                                                                                                                                                                                                            |                                                                                                                          | Last Name:                 |                    | Employee No: |      |     |
| Hospital:                                                                                                                                                                                                                                              |                                                                                                                          | Department:                |                    | Position:    |      |     |
| Email:                                                                                                                                                                                                                                                 |                                                                                                                          |                            |                    | Date:        |      |     |
| Training Type                                                                                                                                                                                                                                          | <input type="checkbox"/> Initial/New <input type="checkbox"/> Retraining <input type="checkbox"/> Other (please specify) |                            |                    |              |      |     |
| Training Outcome/Competency achieved                                                                                                                                                                                                                   |                                                                                                                          |                            |                    |              | Yes✓ | N/A |
| <b>Pre-Analytical</b>                                                                                                                                                                                                                                  |                                                                                                                          |                            |                    |              |      |     |
| Aware of local Safety Policy for Blood Collection and Handling                                                                                                                                                                                         |                                                                                                                          |                            |                    |              |      |     |
| Can identify all the components of the HemoScreen system - HemoCup, cartridge, sampler and analyser                                                                                                                                                    |                                                                                                                          |                            |                    |              |      |     |
| Acknowledges the requirements for correct patient identification process at bedside                                                                                                                                                                    |                                                                                                                          |                            |                    |              |      |     |
| Aware of the sample requirements – EDTA Tube (Purple), labelled, <b>well mixed</b> and filled correctly                                                                                                                                                |                                                                                                                          |                            |                    |              |      |     |
| Acknowledges that proper mixing of the sample is vital and will affect results if not done correctly                                                                                                                                                   |                                                                                                                          |                            |                    |              |      |     |
| Aware of cartridge storage requirements and checking expiry                                                                                                                                                                                            |                                                                                                                          |                            |                    |              |      |     |
| <b>Analytical</b>                                                                                                                                                                                                                                      |                                                                                                                          |                            |                    |              |      |     |
| Demonstrates correct technique to fill the sampler capillary using the HemoCup                                                                                                                                                                         |                                                                                                                          |                            |                    |              |      |     |
| Knows to check for air bubbles in the sampler capillary, if present to discard and refill new sampler                                                                                                                                                  |                                                                                                                          |                            |                    |              |      |     |
| Can run a patient sample and print results following the steps in LWI-POC-031 HemoScreen Patient Procedure                                                                                                                                             |                                                                                                                          |                            |                    |              |      |     |
| Knows the importance of entering Patient Detail correctly and potential consequences if they are incorrect                                                                                                                                             |                                                                                                                          |                            |                    |              |      |     |
| Can locate the POCT Patient Reconciliation Form and is aware when this form must be used                                                                                                                                                               |                                                                                                                          |                            |                    |              |      |     |
| Acknowledges responsibility for all testing done under your Login and will not share Login details                                                                                                                                                     |                                                                                                                          |                            |                    |              |      |     |
| <b>Post Analytical</b>                                                                                                                                                                                                                                 |                                                                                                                          |                            |                    |              |      |     |
| Can review the results from the printout and recognise when a Lab FBE is required                                                                                                                                                                      |                                                                                                                          |                            |                    |              |      |     |
| Takes responsibility for passing the results to the appropriate clinician.                                                                                                                                                                             |                                                                                                                          |                            |                    |              |      |     |
| Can locate reference ranges, significant and critical limits and is aware to notify clinician to these results                                                                                                                                         |                                                                                                                          |                            |                    |              |      |     |
| Is aware to repeat tests with a new collection if results are unexpected and do not fit with patient's clinical status                                                                                                                                 |                                                                                                                          |                            |                    |              |      |     |
| Can recall troubleshooting pathways and knows resources available and who to call for assistance                                                                                                                                                       |                                                                                                                          |                            |                    |              |      |     |
| <b>Maintenance</b>                                                                                                                                                                                                                                     |                                                                                                                          |                            |                    |              |      |     |
| Can describe the appropriate cleaning/disinfecting procedure if required                                                                                                                                                                               |                                                                                                                          |                            |                    |              |      |     |
| Can replace the paper roll in the printer                                                                                                                                                                                                              |                                                                                                                          |                            |                    |              |      |     |
| <b>Superuser</b>                                                                                                                                                                                                                                       |                                                                                                                          |                            |                    |              |      |     |
| Knows when QC is required - monthly, new lot of cartridges and new delivery of cartridges                                                                                                                                                              |                                                                                                                          |                            |                    |              |      |     |
| Can download QC ranges using the 2D barcode                                                                                                                                                                                                            |                                                                                                                          |                            |                    |              |      |     |
| Can prepare and run QC and is aware a QC FAIL needs to be documented and actioned                                                                                                                                                                      |                                                                                                                          |                            |                    |              |      |     |
| Is aware of the QAP schedule and sample handling requirements and can run QAP                                                                                                                                                                          |                                                                                                                          |                            |                    |              |      |     |
| Can order and monitor levels of all consumables required for HemoScreen                                                                                                                                                                                |                                                                                                                          |                            |                    |              |      |     |
| Is aware of the documents and logs that need to be sent to Supervising Lab                                                                                                                                                                             |                                                                                                                          |                            |                    |              |      |     |
| <b>Operator Declaration – Please read before signing</b>                                                                                                                                                                                               |                                                                                                                          |                            |                    |              |      |     |
| I have completed my HemoScreen training and am aware of my responsibility as a Point of Care Operator. I understand it is my responsibility to action critical results from the HemoScreen and I am responsible for testing done under my Operator ID. |                                                                                                                          |                            |                    |              |      |     |
| I will not share my Operator ID                                                                                                                                                                                                                        |                                                                                                                          | Operator Signature: X..... |                    |              |      |     |
| <div style="text-align: right;">  </div>                                                                                                                          |                                                                                                                          |                            |                    |              |      |     |
| <b>POCT / Trainer to Complete</b>                                                                                                                                                                                                                      |                                                                                                                          |                            |                    |              |      |     |
| Operator to be registered as:    Basic User <input type="checkbox"/> Superuser <input type="checkbox"/> Trainer <input type="checkbox"/>                                                                                                               |                                                                                                                          |                            |                    |              |      |     |
| Trainer Name:                                                                                                                                                                                                                                          |                                                                                                                          |                            | Trainer Signature: |              |      |     |

Send completed forms to [poc@austin.org.au](mailto:poc@austin.org.au)