Roche Cobas Liat Operator Training Record

FOR-POC-032

Issued: 13 May 2024 Approved by: R. Meehan

First Name:	Last Name:	Employee No:
Hospital:	Department:	Position:
Email:		Date:
Training Type	☐ Initial/New ☐ Retraining ☐ Other (please specify)	

Training Outcome/Competency achieved	Yes√	N/A
Pre-Analytical		
Identifies the components of the device (e.g. navigation buttons, power button, USB slots, etc)		
Recalls sample type and equipment for testing (i.e. nasopharyngeal swab)		
States storage requirements for assay tubes and QC material (e.g. 2-8 °C)		
States the local patient identification requirements for this test type (e.g. UR)		
States PPE requirements for this test type		
Analytical		
Able to log on to the device to perform a test (scan/enters Operator ID and device password)		
Can enter and/or scan the patient ID and assay tube information. Understands the importance of entering identifiers correctly and potential consequences if they are incorrect. Understands when to use POCT reconciliation form		
Demonstrates correct technique for pipetting patient sample and assay tube handling (no bubbles and correct volume)		
Correctly loads the assay tube into the device (ensure vertical, correct orientation and click) Note: this is where damage to machine can occur and emphasis need to do this gentle		
Can navigate screen to initiate an assay run		
Recalls key messages/signals displayed on the device screen (e.g. 'autocal', 'busy', etc)		
Acknowledges responsibility for all testing done under your Login and will not share Login details		
Post Analytical		
Removes assay tube and correctly disposes of tube, pipette, etc (i.e. clinical waste)		
Describes the process for managing Invalid Results		
Can describe how results are notified		
Can access stored results on the device		
Maintenance		
Describes procedure for cleaning exterior of device, including touchscreen and barcode reader		
Troubleshooting, issues and assistance – Refer to Point of Care device issues/breakdown instructions		

Operator Declaration – Please read before signing

I have completed my Liat training and am aware of my responsibility as a Point of Care Operator. I know where to locate the procedures and resources for the Liat, I will follow the correct procedures when using this device. I understand it is my responsibility to action results from the Liat and I am responsible for testing done under my Operator ID.

I will not share my Operator ID	**Operator Signature:**

POCT / Trainer to Complete

Operator to be registered as: Basic User ☐ Trainer ☐

Trainer Name:	Trainer Signature:

Send completed forms to poc@austin.org.au