

Synchron CX[®] 9 PRO Clinical Systems

Task	Resource	How Measured?	Achieved?		N/A	Date	Trainee Initial	Trainer Initial
			Y	N				
Supplies/Reagents								
<ul style="list-style-type: none"> Determine supply/reagent status 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions→Reagent Load →Reagent Status	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Determine reagent preparation requirements 	Synchron Clinical Systems Chemistry Information Manual → Select Specific Chemistry	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Load supplies/reagents <ul style="list-style-type: none"> – Load CX3 reagent 	Operating Instructions CX 4/7/9: Section 6:Operating Instructions→ Reagent Load→ Auto/Manual/ISE Load	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> – Load CX4 reagent 	Operating Instructions CX 4/7/9: Section 6:Operating Instructions→ Reagent Load→ Auto/Manual/ISE Load	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Calibration								
<ul style="list-style-type: none"> Determine calibration status 	Operating Instructions CX 4/7/9: Section 6:Operating Instructions→ Calibration	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Select correct calibrators for each chemistry 	Synchron Clinical Systems Chemistry CX Reference Manual→Chemistry and Drug Calibration	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Program and process calibration 	Operating Instructions CX 4/7/9: Section 6:Operating Instructions→ Calibration→ Requesting a Calibration in Barcode/Sector Cup Modes	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Load Cal Diskette 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions→Calibration→ Loading a Calibrator Diskette	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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Samples/QC								
<ul style="list-style-type: none"> Determine correct sample rack and container for sample processing 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions → Assignment of Samples Sector Selection/Sample ID Selection	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Program and process routine and stat patient samples 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions → Programming Samples Sector Cup Mode/Barcode Mode	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Program and process QC at DxC 	Operating Instructions CX 4/7/9: Section 7: Quality Control → QC Programming and Host Setup	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Locate completed test results 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions → Special Functions → Results Recall	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Maintenance								
<ul style="list-style-type: none"> Perform daily maintenance 	Operating Instructions CX 4/7/9: Section 9: Maintenance Procedures	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Perform weekly maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Perform Two week maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Perform monthly Maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Perform 2-month maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Perform 3-month maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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<ul style="list-style-type: none"> Perform 6- month maintenance 		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Miscellaneous								
<ul style="list-style-type: none"> Power down/Power Up 	Operating Instructions CX 4/7/9: Section 5: Preparing for Operation → System Shutdown	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Home System 	Operating Instructions CX 4/7/9: Section 5: Preparing for Operation → Starting and Stopping the Autoloader	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Instrument Setup 	Operating Instructions CX 4/7/9: Section 6: Operating Instructions → Special Functions → System Setup	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> System Parameters Backup 	Operating Instructions CX 4/7/9: Section 5: Preparing for Operation → Master Screen → Performing a Backup	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> Quality Control Setup 	Operating Instructions CX 4/7/9: Section 7: Quality Control → Defining a Control	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<ul style="list-style-type: none"> QC Results Management 	Operating Instructions CX 4/7/9: Section 7: Quality Control → QC File/List/Log/Summary	<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
		<input type="checkbox"/> Direct Observation <input type="checkbox"/> Test <input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			