

## Medical Lab Technologist Skills Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

In order to provide suitable assignments for you, this checklist is intended as a method of assessing your professional proficiency. Please rate your skill level as accurately as possible by placing a **check** (✓) in the appropriate box.

1 = No experience; Theory/observed only

2 = Limited competency; < 5 times per year; Needs supervision

3 = Acceptable competency; > 5 times per year

4 = Competent; Performs on a daily or weekly basis; Proficient

Skill Level	1	2	3	4
<b>Blood Bank</b>				
Component Preparation				
Special Blood Typing				
Procedures				
Patient Identification				
Emergency Release				
Freezing Blood				
Antibody Identification				
Antibody Titer				
Blood Irradiation				
Cold Agglutinins				
Direct Coombs Test				
Indirect Coombs Test				
Cross Match				
Donor Unit Collections				
Immediate Spin Cross Match				
Plasmapheresis				
Rhogam				
Kell, Kidd, Duffy, RH HR, MNS, Lewis, P				
Type RH				
<b>Urinalysis</b>				
Automated Instrumentation				
Crystal Identification				
Semen Analysis				
Macroscopic UA				
Microscopic UA				
<b>Hematology</b>				
Body Fluid Count				
Bleeding Time				
Lee-White Clotting Time				
Differential				
Eosinophil Count				
Factor Assays				
Fibrinogen				

Skill Level	1	2	3	4
<b>Hematology cont...</b>				
Fibrin Split Products/FDP				
Platelet Aggregation				
Platelet Count				
PT and PTT				
Reticulocyte				
Sedimentation Rate				
Sickle Cell Prep				
PAS, Peroxidase, Leukocyte, Aldaline, Phosphatase				
Thrombin Time				
Fetal Hemoglobin				
<b>Chemistry</b>				
Acetone Analysis				
Atomic Absorption				
Thin Layer Chromatography				
Gas Chromatography				
CSF/Body Fluid Drug Monitoring				
CSF/Body Fluid Electrolytes				
Electrophoresis				
Immuno-electrophoresis				
Osmolality				
Stool Analysis				
Instrumentation Used - Blood Gas				
Instrumentation Used - Main Chemistry Unit				
<b>Serology/Immunology</b>				
Hemagglutination Inhibition				
Pregnancy Testing				
Meningitis Screen				
Body Fluids				
Rubella Serology				
ANA				
ASO Titer				
C3, C4, Total Complement				
Febrile Agglutininations				

<b>Serology/Immunology cont...</b>				
FTA-ABS				
LE Cell Prep				
Monostat				
RArial Immuno Diffusion				
Rheumatoid Factor				
RPR				
<b>Phlebotomy</b>				
Basic Safety Guidelines: gloves and goggles				
Communication Skills				
Ability to Write Procedures				
Masks				
Use of Balance (weighing)				
Anticoagulants - Knowledge of Tube Types and Uses				
Calculation for Solution Prep: Molarity and Molality				
Finger Stick				
Heel Stick				
M.L.A.				
Operation of Centrifuge				
Pediatric				
Pipetting				
To Contain				
To Deliver				
Venipuncture				
Volumetric				
<b>Microbiology/Virology</b>				
Blood Culture				
Cell Culture				
Aerobic Culture				
Anaerobic Culture				
Anaerobic Identification				
Mycobacteria: Culture				
Sensitivities				
Virus Identification				
Virus Isolation				
Acid Fast Stain (Fluorescent)				
Acid Fast Stain (Kinyoun)				
C Difficili Assay				
Concentration Techniques				

<b>Microbiology/Virology cont...</b>				
Culture Plating				
Darkfield				
Gram Stain				
Identification				
India Ink				
KOH Prep				
M.I.C				
Chlamydia Culture				
Chlamydia Smear				
Malarial Examination				
Occult Blood				
Organism Identification (Aerobic)				
Ova and Parasite Concentration				
Ova and Parasite Identification: Trichone				
West Mount – Mobility				
Wet Mount				
<b>RIA</b>				
Data Reduction				
Curves/Regression				
Counters				
Background Counts				
Scintillation Counter				
Hormone Testing				
Radiation Safety Techniques				
Instrumentation/Gamma Counters				
B12/Folates				
Hepatitis				
Thyroid Testing				
Tumor Markers				
<b>EMR</b>				
Allscripts				
Cerner				
Epic				
HomeCare Home Base				
McKesson				
Meditech				
Other Computerized Documentation System				

Please list any areas of expertise below:

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**I hereby certify that ALL information I have provided to Onyx Health Care Staffing on this skills checklist is true and accurate. I understand and acknowledge that any misrepresentation or omission may result in disqualification from employment and/or immediate termination.**

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_