Accessioning Competency Assessment

ACCESSIONING SKILLS AND QUALITY CHECKS

SOP/reference _____

Staff Member _____ Date _____

Assessor _____ Assessment period ☐ Initial ☐ 6 month ☐ Other: _____

C Competent R Remediation required O Not assessed N/A Not applicable

	C	R	O	N/A
Receipt and identification				
01 Matches two patient identifiers on each container, order and patient record.	☐	☐	☐	☐
02 Reconciles specimen parts, container count, source and laterality.	☐	☐	☐	☐
03 Verifies order, provider, clinical details and required collection/fixation times.	☐	☐	☐	☐
04 Checks container integrity, preservative and special handling needs.	☐	☐	☐	☐
LIS registration and labeling				
05 Selects the correct patient and encounter; avoids duplicate accessions.	☐	☐	☐	☐
06 Enters accurate specimen parts, sources and requested examinations.	☐	☐	☐	☐
07 Applies verified accession/part labels to jars and requisitions; preserves original IDs.	☐	☐	☐	☐
Discrepancies and problem solving				
08 Holds and escalates mismatches or missing details; does not guess or relabel.	☐	☐	☐	☐
09 Documents contacts, resolution and authorized record corrections.	☐	☐	☐	☐
10 Follows downtime procedures and reconciles entries after recovery.	☐	☐	☐	☐
Routing and traceability				
11 Prioritizes and routes routine, fresh and frozen-section specimens per procedure.	☐	☐	☐	☐
12 Maintains specimen–paperwork linkage, storage conditions and handoff tracking.	☐	☐	☐	☐
13 Escalates delays, missing specimens and requests outside assigned scope.	☐	☐	☐	☐
Safety and confidentiality				
14 Uses required PPE and follows spill, exposure and sharps procedures.	☐	☐	☐	☐
15 Cleans the workstation; handles biological and chemical waste safely.	☐	☐	☐	☐
16 Protects patient information and secures LIS access and work areas.	☐	☐	☐	☐

CASE REVIEW

☐ Direct observation ☐ Label review ☐ Record review ☐ Questions

Case number	Notes	Case number	Notes

Assessment outcome ☐ Competent ☐ Other: _____

Staff Member signature _____ Date _____

Assessor signature _____ Date _____

Medical Director signature _____ Date _____