Employee Training Verification Record

QIAcube HT Extraction Method

Employee: _____ Initials: _____

Trainer: _____ Initials: _____

Trainer: Date and initial the activity AFTER the trainee has demonstrated the necessary understanding, proficiency, or competency. If a level of proficiency does not apply, put N/A in the column.

Activity	Discussed	Observed trainer perform	Performed with Supervision	Observed trainee perform independently
Safety				
Reagent safety issues		NA	NA	NA
Biohazardous waste		NA	NA	NA
Pre-analytical				
Acceptable specimen types – procedures for unacceptable specimens				
Assay intended use & procedure principle		NA	NA	NA
Location of supplies and reagents		NA	NA	NA
Assay Procedure				
Trainee has read and is familiar with SOP "Nucleic acid extraction of respiratory specimens using a modified QIAamp 96 Virus kit on the QIAcube HT extraction instrument"		NA	NA	NA
Quality control	NA	NA	NA	NA
• Recording lot numbers and expiration dates				
• Controls used				
• Steps to avoid sample contamination				
Extraction procedure	NA	NA	NA	NA
• Discuss kit components				
• Preparation of carrier RNA				
• Preparation AW1				
• Preparation AW2				
• Preparation of AVL + carrier RNA (w/ or w/o MS2)				

• Sample plate preparation				
• Partial plates				
• Properly loading the instrument				
• Use of the CDC vRNA_100ul_QIAamp Viral RNA_V3_With Pause After AW1				
• Managing clogged wells				
Analysis and Interpretation of results				
This procedure does not generate a result. This extraction technique will yield nucleic acid that is of sufficient purity and free of PCR inhibitors for use with RT-PCR assays.	NA	NA	NA	NA
Post-run procedure				
Specimen storage • RNA can be stored at 2-8°C for 24h. • If longer storage time is required, eluates must be frozen at -20°C or lower.				
Unloading the instrument				
Proper waste disposal				
Proper instrument decontamination/cleaning				
Troubleshooting				
Instrument failures (contact SME)		NA	NA	NA
Recognizing contamination issues		NA	NA	NA
Addressing contamination issues		NA	NA	NA
Maintenance				
Equipment maintenance and schedule		NA	NA	NA
Alerting assay manager about low reagents		NA	NA	NA

Competency Set #	Trainee Result	Correct: Yes/No

Additional comments:

*****By signing below, I, the trainee, attest that training has been completed with the necessary proficiency to perform the procedure(s) as outlined in the associated SOP(s) and that I have had the opportunity to have any questions answered to my satisfaction.

_____
Employee Signature/Date

*By signing below, I, the trainer, attest that the employee has the necessary understanding and ability to perform the activities in the associated SOP(s) as outlined above. The employee has been assessed for competency/demonstration of capability and has been found to be satisfactory.

_____
Trainer's Signature/Date

_____
Supervisor's Signature/Date