

Department of Pathology/Clinical Laboratory
1600 Rockland Rd
Wilmington DE 19899

2020 SWEAT TEST COLLECTION TRAINING/ASSESSMENT

POSITION: PHLEBOTOMIST NAME: _____ DATE: _____

OBSERVER: _____

SWEAT TESTING: Successful completion of Sweat test training/assessment. It is required for sign off on phlebotomy training for sweat test procedure. For each category indicated, the phlebotomist must demonstrate acceptable performance by random monthly observation/s.

Random Assessments/Observations- one per month (video viewed once annually or if education recommended or desired)
Annual Comp Assessments/Observations- for each associate that performs sweat testing –video is mandatory

RANDOM MONTHLY ASSESSMENT **VIDEO** **N/A** **Y**

LINK TO MACRODUCT Sweat Test Collection Video = [Wescor Macroduct Usage](#)

INSTRUMENTATION

Check Box When Performed

SWEAT TEST PROCEDURE

Patient Testing Check Off

- CLEAN/PREP SITE
- ELECTRODE STIMULATION WITH PILOCARPINE
- MICRODUCT COLLECTION DEVICE PLACEMENT
- MICRODUCT COLLECTION AFTER 30 MINUTES
- MICRODUCT SWEAT LABELING
- MACRODUCT VIDEO VIEWED (link provided)

DATE AND INITIAL AT COMPLETION OF ASSESSMENT

Collector Initial: _____ Date: _____ Observer Initial: _____ Date: _____

Supervisor Initial: _____ Date: _____