

Testing Personnel Training Assessment

Clinical Site: _____ **Device Name:** Visby Medical – Respiratory Health Test

Operator's Name: _____

| Procedure | Satisfactory | Unsatisfactory | Not Applicable | Comments/Corrective Actions |
|-------------------------------------|--------------|----------------|----------------|-----------------------------|
| External Control Sample Preparation | | | | |
| Specimen Handling/ Processing | | | | |
| Operation of the Visby Test | | | | |
| Interpretation of Results | | | | |
| Applicable Documentation | | | | |

| Review of Records | Satisfactory | Unsatisfactory | Not Applicable | Comments/Corrective Actions |
|---|--------------|----------------|----------------|-----------------------------|
| Patient/Quality Control Log Sheet Records | | | | |
| Proficiency Testing Records | | | | |
| Assessment of Problem Solving Skills | | | | |
| (Attach all supporting documents) | | | | |

Additional Observations: _____

Evaluator Signature: _____

Date: _____

Operator Signature: _____

For training support please email: visby.training@visby.com.