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Maternal and Child Survival Program

Healthy Life

Student Logbook

Procedure Manual for Medical Laboratory Technicians in Liberia

Name of student: _____

Name of school: _____

www.mcsprogram.org

The Maternal and Child Survival Program
MCSP is a global USAID initiative to introduce and support high-impact health interventions in 25 priority countries to help prevent child and maternal deaths. MCSP supports programming in maternal, newborn, and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment. MCSP will tackle these issues through approaches that also focus on household and community mobilization, gender integration, and digital health, among others.

The MCSP Human Resources for Health Project
The MCSP Human Resources for Health Project is a USAID-sponsored two-year program supporting the Liberian Government's commitment to strengthen the country's health workforce by strengthening pre-service education and building a fit-for-purpose, productive, and motivated workforce, focusing on registered midwives and medical laboratory technicians.

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January 2018

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Acknowledgments

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Introduction

Hands-on experiential learning is very important to ensuring the competency of health providers. That is why the *Procedure Manual for Medical Laboratory Technicians in Liberia* was developed. The checklists, protocols, and job aids in the manual are designed to assist students in practicing and preparing to become competent health care providers. Teachers will also use the checklists for valid and reliable assessment of learners. The manual is also useful for the observed structures practical exam (OSPE) at the end of semester.

This *Student Logbook* is a supplement to the new procedure manual. Students can use it as an educational guide and faculty can use it as an assessment guide. Please note that although the logbook documents procedures with specific checklists that have been validated in the *Procedure Manual for Medical Laboratory Technicians,* these are not the only procedures and skills that students must become competent in before graduation. Faculty are responsible for assigning other procedures in the manual to ensure student competency before graduation.

Having a written logbook from the beginning of their clinical education not only will help students learn, it will also allow them to record their learning practices. The logbook should be used for continuous assessment, to record ongoing interaction between the instructors/preceptors and students, and to provide a feedback loop for evaluating learning activities.

Finally, students and faculty should use the logbook to document evidence of the student's competency in the procedures necessary to provide high-quality services. Proper documentation in the logbook provides proof to the institution that a student has completed the procedure accurately as outlined in the MLTPM and required for graduation. Use of the logbook is required for validating procedural experience at the advanced training level and reduces the need to repeat trials between the basic and advanced training levels.

How to Use the Logbook

Students will receive a logbook at the start of their training in the first year. They should save the book and record the dates of clinical practice: when they first performed the procedure with the instructor/clinical preceptor, when they performed their first trial with the instructor/clinical preceptor observing, and, if necessary, when they repeated the trials. The instructor/clinical preceptor should document feedback and sign for each procedure/trial.

Clinical instructors and preceptors will check the logbooks at the beginning, middle, and end of each semester. Faculty should assist students in seeking and carrying out required procedures as well as completing all procedures before graduation.

Procedures

1: ABO Blood Grouping Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

2: Albumin (BCG Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

3: Alkaline Phosphatase (ALP) Continuous-Spectrophotometric Diethanolamine (DEA) Buffer Method

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

4: Analysis of Cerebrospinal Fluid (CSF)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

5: Analysis of Blood Urea Nitrogen (BUN)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

6: Analysis of ALT/SGPT Using Analyzer

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

7: Antimicrobial Susceptibility Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

8: Anti-Streptolysin O Test (ASOT)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

9: AST Validation—Specimen for SGOT/AST Analysis Using Chemistry Analyzer

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

10: Autoclaving Procedure

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

11: Bilirubin Using Colorimeter

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

12: Bleeding Time Test (Ivy Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

13: Bleeding Time Test (Duke Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

14: Blood Culture Specimen Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

15: Blood Donor Screening

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

16: Blood Storage Procedure in a Blood Bank

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

17: Calculation of Red Blood Cell Indices

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

18: Cellophane Tape Sample Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

19: Collection of Ascites Sample

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____

Signature of faculty/clinical preceptor: _____

20: Collection of Sputum Specimen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

21: Collection of Stool Specimen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

22: Cross-Matching

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

23: Culture Media Procedure

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

24: Determination of b-Human Chorionic Gonadotropin (b-hCG) in Urine by the Agglutination Inhibition Technique

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

25: Determination of the Reticulocyte Number Concentration/Fraction

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

26: Differential White Blood Cell (WBC) Count and Morphology

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

27: Donor Blood Collection (Phlebotomy)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

28: Erythrocyte Sedimentation Rate

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

29: Estimation of Serum/Urine Creatinine (Alkaline Picrate Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____

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Signature of faculty/clinical preceptor: _____

30: Estimation of Urea Concentration Blood Using Colorimeter

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

31: Examination of Sputum Specimen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

32: Examination of Thick Blood Film for Malaria Parasites

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

33: Examination of Thin Blood Film for Malaria Parasites

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

34: Fasting Blood Sugar (FBS) Procedure (o-Toluidine Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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_____

_____

Signature of faculty/clinical preceptor: _____

35: Fixation of Smear

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

36: Flotation Technique Using Sodium Chloride Solution (Willis)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

37: Giemsa Staining for Differential

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

38: Glucose Tolerance Test (GTT)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

39: Gram Stain

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

40: Hematocrit Determination

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

41: Hemoglobin Copper Sulfate Method

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

42: Hemoglobin Test (Lovibond Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

43: Hemoglobin Test (Sahli Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

44: Hepatitis B Surface Antigen Dipstick Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

45: Hepatitis C Surface Antigen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

46: High Vaginal Swab (HVS) Routine Examination

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

47: HIV ELISA Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

48: HIV Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

_____
_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

49: Leishman Staining of Differential Smear

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

50: Malaria Rapid Diagnostic Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

51: Management of Blood Donor Reaction during Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

52: Microscopic Examination of Stool Specimen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____

Signature of faculty/clinical preceptor: _____

53: Microscopic Examination of Urine Sediments

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

54: Occult Blood in Stool

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

55: Packed Cell Volume (PCV)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

56: Physical Examination of Stool

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

57: Physical Examination of Urine Specimen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

58: Platelet Count

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

59: Pleural Fluid Analysis

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

60: Pregnancy Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

61: Preparation of Acetic Acid

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

62: Preparation of Field Stain Solution for Malaria Parasites

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

63/64: Preparation of Thick and Thin Blood Film on the Same Slide

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

65: Preparation of Ziehl-Neelsen Reagents

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

66: Primary Binding Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

67: Prothrombin Time Test Method

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

68: Quantitative Determination of IgA, IgG, and IgM by Radial Immunodiffusion

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

69: Red Blood Cell Count

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

70: Release of Unit of Blood for Transfusion

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

71: Secondary Binding Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
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Signature of faculty/clinical preceptor: _____

72: Sedimentation Technique for Larvae of Strongyloides Stercoralis (Harada–Mori)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

73: Seminal Fluid Analysis

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

74: Serum and Urine Amylase

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

75: SGOT/AST Analysis Using Analyzer

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

76: Sickle Cell Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

77: Skin (Snip) Biopsy for Microfilaria

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

78: Skin Scrapings for Mycobacterium Leprae

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

79: Skin Snip Specimen Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

80: Staining of Blood Film with Giemsa

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____

Signature of faculty/clinical preceptor: _____

81: Stool Preservation and Transportation

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

82: Stool Wet Mount

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

_____
_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
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Signature of faculty/clinical preceptor: _____

83: Synovial Fluid Analysis

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
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_____
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Signature of faculty/clinical preceptor: _____

84: Throat Swab Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
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Signature of faculty/clinical preceptor: _____

85: Thrombin Test for Qualitative Estimation of Fibrinogen

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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_____
_____
_____

Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

_____
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_____
_____

Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

_____
_____
_____
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Signature of faculty/clinical preceptor: _____

86: Tissue Biopsy Wet Mount

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

87: Total and Direct Bilirubin (Spectrophotometric Diazotized Sulphanilic Acid Method)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

88: Total Serum Protein and Albumin

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

89: Total White Blood Cell (WBC) Count

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

90: Tube Cross-Matching

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

91: VDRL/RPR Test

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

92: Venipuncture Specimen Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

93: Venous Blood Collection

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

94: Wider Titer Estimation

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

95: Ziehl–Neelsen Staining (for the Detection of Acid-Fast Bacilli)

Date of 1st performance: _____

Comments of faculty/clinical preceptor:

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Signature of faculty/clinical preceptor: _____

Date of 2nd trial: _____ **Satisfactory:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____

Date of 3rd trial: _____ **Competent:** Yes ☐ No ☐

Comments:

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Signature of faculty/clinical preceptor: _____