**Transplantation and Cellular Therapy Laboratory**

**Annual Employee Qualification**

Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | Position | CLS License Number | Date of Hire |
|  |  |  |  |

The above employee has completed the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Passed Annual Laboratory Safety | □ Yes □ No □ N/A | Annual Health Check /Performance Assessment | □ Yes □ No □ N/A |
| Completed SOP Review (Biannual)? | □ Yes □ No □ N/A | Passed Annual Written Competency Test? | □ Yes □ No □ N/A |
| Copy of Current CLS License Filed? | □ Yes □ No □ N/A | Passed Annual Competency Assessments? | □ Yes □ No □ N/A |
| Passed Annual Proficiency Assessments? | □ Yes □ No □ N/A | Passed Annual Aseptic Technique Assessment? | □ Yes □ No □ N/A |
| Completed at least 10 hours of educational activities? | □ Yes □ No □ N/A | CITI Program Training Up to date? | □ Yes □ No □ N/A |
| IATA Dangerous Goods Training up to date? | □ Yes □ No □ N/A |  | |

N/A: Not Applicable

If “No” was answered to any of the questions above, an evaluation of employee performance may be performed by the TCTL Supervisor and/or TCTLMD.

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee has been found to be compliant with all TCTL practices and policies: □ Yes □ No

TCTL Supervisor/Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_