Trainee Name: _____   Training Coordinator: _____

COORDINATION OF THE BIOMEK® NXᴾ AUTOMATION WORKSTATION TRAINING DOCUMENTATION FORM

Each section in the chart below must be initialed and dated by the trainer/training coordinator. If any task is not completed, this must be explained in the training file and approved by the Program Manager.

MODULE	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
Required Readings/SOPs				
Observation of Run by Qualified Operator				
Observation of Run by Qualified Coordinator				
Observation of Deselection of Data Points for Plexor®				
Performance of Deselection of Data Points for Plexor®		≥ 5 data sets		
Checkerboard Training Set				
Zebra Stripe Training Set				
Sensitivity Series				
Observation of Calibration Programs				
Observation of Program Design				
Observation of Abort and Recovery				
Perform Calibration Programs				
Minor Validation Study (see 12.2.13)				
Typically Encountered Samples Run				
Perform Runs under Supervision		≥ 3		
Final Competency				

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