

Trainee Name: _____

Training Coordinator: _____

TRUEALLELE® STATISTICAL ANALYSIS 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
General DNA Analysis Knowledge			N/A	
Required Readings/SOPs		N/A		
Casework Review				
VUIer® Orientation Class				
TrueAllele® Operator I Assignments and Questions				
TrueAllele® Operator I Exam				
TrueAllele® Operator II Assignments and Questions				
TrueAllele® Operator II Exam				
TrueAllele® Reporter Assignments and Questions				
TrueAllele® Reporter Exam				
Review and Interpretation of Data from Previously Released Cases		≥ 15		
TrueAllele® Analysis on Data from Previously Released Cases		≥ 7		
Technical Review		≥ 5		
Practical Exam				
Oral Competency				