

Trainee Name: \_\_\_\_\_

Training/Project Coordinator: \_\_\_\_\_

**OPERATION OF THE BIOMEK® NX<sup>P</sup> AUTOMATION WORKSTATION TRAINING DOCUMENTATION FORM**

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

TASK	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®				
<b>Competency Set to Perform on Casework Under Supervision:</b>				
<b>Perform Casework Runs: (≥60 samples total)</b>		≥ 5 Runs		Included (√): blood____ buccal____ trace/WR____ SF____ Other:  Included (√): IQ____ IQP____ IQD____ OM____ Other:
Run 1				
Run 2				
Run 3				
Run 4				
Run 5				
(Extra Run?)				

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
<b>Sensitivity Series Sets: (≥6 samples each)</b>		≥ 2 Sets		
Set 1				
Set 2				
(Extra Set?)				
Observation of Calibration Programs				
Observation of Stratagene QC				
Perform Calibration Programs				
Perform Stratagene QC				
Observation of Abort and Recovery				
<b>Training Q&amp;A Sessions: (Minimum of one)</b>	Number will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used. Document name of person(s) conducting Q&A in the comments field.			
Q&A 1				
Q&A 2				
Q&A 3				
Q&A 4				
<b>Training Notebook Review(s): (Minimum of one)</b>	Number of times will vary based upon need of trainee as assessed by the training coordinator. Not all rows need be used.			
Review 1				
Review 2				
Review 3				
Review 4				

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TASK	BEGIN DATE	PRACTICAL EXERCISES	COMPLETE DATE	COMMENTS
<b>Final Steps for Qualification:</b>				
Checkerboard Competency				
Final Notebook Review				
Final Oral Question and Answer				

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FORENSIC SCIENCE