

**Genital Swab for Group B Streptococcus Skills Checklist #DAHS-NSCGSGBS**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>
PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.	
These skills will be considered complete when all below performance criteria are completed and page 1 and has been scanned and emailed to: <a href="mailto:cppn@health.ucdavis.edu">cppn@health.ucdavis.edu</a>	

<b>Genital Swab for Group B Streptococcus Skills Checklist #DAHS-NSCGSGBS</b>	<b>Date</b>	<b>Verifier Initials</b>
References: 1. <a href="https://www.cdc.gov/groupbstrep/downloads/gbs_swap_sheet21.pdf">https://www.cdc.gov/groupbstrep/downloads/gbs_swap_sheet21.pdf</a> 2. <a href="#">UC Davis Health Policy 18004, Specimen Labeling for Laboratory Processing</a> 3. <a href="#">UC Davis Health Policy 11025, Standard and Transmission Based Precautions</a>		
Remove swab from packaging. Do not touch cotton end with fingers. Insert cotton swab 2 centimeters into vagina and swab sides of the vagina		
Insert the SAME swab 1 centimeter into the rectum		
Remove cap from sterile specimen collection vial		
Place cotton end of swab down into vial. Break off swab shaft at perforation		
Label specimen per UC Davis Health Policy 18004, place in biohazard bag and send to lab		

**PRECEPTOR SIGNATURE:**

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

<b>Initials:</b>	<b>Print Name:</b>	<b>Signature:</b>

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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