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Contact™ Initial Gloved Fingertip and Thumb Test Log

Cat. #: TD100

2023 USP <797> Section 2.2 Demonstrating Competency in Garbing and Hand Hygiene
For additional Cultivate™ directions for use and test logs, go to www.parasolmed.com/cultivate/cultivate-resources

EMPLOYEE NAME:

| INITIAL EMPLOYEE GFT #1 | |
|--|--|
| Test Observer Name: _____ | |
| Test Date: _____ Test Time: _____ | |
| <input type="checkbox"/> Check box to confirm you collected certificate of analysis (CoA) for growth media. Keep a copy of the CoA(s) on file. To download a copy, visit www.parasolmed.com/cultivate/cultivate-resources | |
| GFT Test: LEFT HAND | GFT Test: RIGHT HAND |
| Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ | Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ |
| INTERVAL 1 2023 USP <797> 30-35°C for no less than 48 hr | INTERVAL 2 2023 USP <797> 20-25°C for no less than 5 additional days |
| Actual Temp. Reading: _____ | Actual Temp. Reading: _____ |
| Start Date: _____ | Start Date: _____ |
| End Date: _____ | End Date: _____ |
| GFT TEST 1 RESULTS | |
| Report any growth greater than action levels to Pharmacy Manager | |
| Name of Person Reading the Results: _____ | |
| Visual Observation of Proper Garbing and Hand Hygiene <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |
| Growth Results (compare to action levels below): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | |
| Colony Forming Unit Count (total of both sides): _____ | |
| GFT Test Results (must pass both visual and growth test): <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |

| INITIAL EMPLOYEE GFT #2 | |
|--|--|
| Test Observer Name: _____ | |
| Test Date: _____ Test Time: _____ | |
| <input type="checkbox"/> Check box to confirm you collected certificate of analysis (CoA) for growth media. Keep a copy of the CoA(s) on file. To download a copy, visit www.parasolmed.com/cultivate/cultivate-resources | |
| GFT Test: LEFT HAND | GFT Test: RIGHT HAND |
| Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ | Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ |
| INTERVAL 1 2023 USP <797> 30-35°C for no less than 48 hr | INTERVAL 2 2023 USP <797> 20-25°C for no less than 5 additional days |
| Actual Temp. Reading: _____ | Actual Temp. Reading: _____ |
| Start Date: _____ | Start Date: _____ |
| End Date: _____ | End Date: _____ |
| GFT TEST 2 RESULTS | |
| Report any growth greater than action levels to Pharmacy Manager | |
| Name of Person Reading the Results: _____ | |
| Visual Observation of Proper Garbing and Hand Hygiene <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |
| Growth Results (compare to action levels below): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | |
| Colony Forming Unit Count (total of both sides): _____ | |
| GFT Test Results (must pass both visual and growth test): <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |

| INITIAL EMPLOYEE GFT #3 | |
|--|--|
| Test Observer Name: _____ | |
| Test Date: _____ Test Time: _____ | |
| <input type="checkbox"/> Check box to confirm you collected certificate of analysis (CoA) for growth media. Keep a copy of the CoA(s) on file. To download a copy, visit www.parasolmed.com/cultivate/cultivate-resources | |
| GFT Test: LEFT HAND | GFT Test: RIGHT HAND |
| Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ | Component No.: T-D100 Media Type: TSA with L&T, Sterile Media Manufacture: Parasol Medical Media Exp. Date: _____ Media Lot #: _____ |
| INTERVAL 1 2023 USP <797> 30-35°C for no less than 48 hr | INTERVAL 2 2023 USP <797> 20-25°C for no less than 5 additional days |
| Actual Temp. Reading: _____ | Actual Temp. Reading: _____ |
| Start Date: _____ | Start Date: _____ |
| End Date: _____ | End Date: _____ |
| GFT TEST 3 RESULTS | |
| Report any growth greater than action levels to Pharmacy Manager | |
| Name of Person Reading the Results: _____ | |
| Visual Observation of Proper Garbing and Hand Hygiene <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |
| Growth Results (compare to action levels below): <input type="checkbox"/> POSITIVE <input type="checkbox"/> NEGATIVE | |
| Colony Forming Unit Count (total of both sides): _____ | |
| GFT Test Results (must pass both visual and growth test): <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | |

EMPLOYEE INITIAL GLOVED FINGERTIP AND THUMB SAMPLING OVERVIEW

Sign-off after successful completion of **all three test**.
Report any growth greater than action levels to appropriate management.

PASS FAIL

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

CORRECTIVE ACTION SUMMARY / COMMENTS:

Action Levels for Gloved Fingertip and Thumb Sampling, per 2023 USP <797>¹

| Gloved Fingertip and Thumb Sampling | Action Levels <i>(cfu, total from both hands)</i> |
|-------------------------------------|--|
| After garbing | >0 |

Action levels are based on the total cfu count on both hands