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**Contact™ Subsequent Gloved Fingertip and Thumb Test Log**  
**USP <797> Chapter 2.2 Demonstrating Competency in Garbing and Hand Hygiene**  
 For initial gloved fingertip and thumb test log go to [www.parasolmed.com/cultivate](http://www.parasolmed.com/cultivate)

TD100  
V1.1

**Evaluation Information**

Employee Name: \_\_\_\_\_ Evaluation Date: \_\_\_\_\_ Evaluation Start Time: \_\_\_\_\_  
 Observer Name(s): \_\_\_\_\_ Additional Information: \_\_\_\_\_  
 Person Reading & Documenting Results: \_\_\_\_\_  
 Media Fill-Test Type:  Re-Test  6 Month  Other: \_\_\_\_\_

|                             |            |                   |                 |             |                     | INTERVAL 1<br><i>USP &lt;797&gt; 30-35°C for no less than 48 hr.</i> |                     | INTERVAL 2<br><i>USP &lt;797&gt; 20-25°C for no less than 5 additional days.</i> |  | RESULTS<br>Report any growth greater than action level to Pharmacy Manager |  |
|-----------------------------|------------|-------------------|-----------------|-------------|---------------------|--|---------------------|--|--|--|--|
| Component No.               | Media Type | Media Manufacture | Media Exp. Date | Media Lot # | 1st Incubation Temp | Start Date & End Date  | 2nd Incubation Temp | Start Date & End Date  | Growth Results   | CFU Count<br><i>(total of both sides)</i>                                  |  |
| GFT Test #1<br>(Right Hand) | TD100      | TSA               | Parasol Medical |             |                     | Start: ___/___/___<br>End: ___/___/___                               |                     | Start: ___/___/___<br>End: ___/___/___   | <input type="checkbox"/> POS<br><input type="checkbox"/> NEG |  |  |
| GFT Test #1<br>(Left Hand)  | TD100      | TSA               | Parasol Medical |             |                     | Start: ___/___/___<br>End: ___/___/___                               |                     | Start: ___/___/___<br>End: ___/___/___   | <input type="checkbox"/> POS<br><input type="checkbox"/> NEG |  |  |
|                             |            |                   |                 |             |                     |  |                     |  | <b>Total CFU Count</b>                                       |  |  |

Corrective Action / Comments:

**Signoff after completion of gloved fingertip test.**

PASS or  FAIL

Report any growth greater than action level to appropriate management.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Observer / Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Per USP <797> Action Levels for Gloved Fingertip and Thumb Sampling**

| Gloved Fingertip and Thumb Sampling                              | Action Levels<br>(total number of cfu from both hands) |
|--|--|
| Subsequent sampling after media-fill testing<br>(every 6 months) | >3   |

**Action levels are based on the total CFU count for both hands.**

**Per USP <797> Subsequent GFT:**

- Evaluates a compounding's competency to perform the media-fill test
- Must be successfully completed every 6 months for each hand.
  - Must occur after completing the media-fill test in a ISO 5 PEC.
  - Roll all 4 fingers and thumb pads on the media (should see an impression).
  - Label each TSA sample with name, R or L hand, date/time on top of dipslide with the white circle sticker.
  - Record the cfu for each hand and record the total cfu.