

**New York State Dept of Health  
Bacteriology Proficiency Testing Program  
Instruction Sheet – Urine Culture**

**April 30, 2012**

The Restricted - Urine Culture permit category is for laboratories that isolate and identify bacteria from urine specimens. Antimicrobial susceptibility testing of urine culture isolates is also allowed under this permit. Three proficiency tests are provided annually. A minimum score of 80% is required to pass each test event. Failure to achieve a score of 80% on two of three consecutive testing events is considered unsuccessful performance.

**Upon receipt, and prior to use, store the lyophilized specimens in the sealed vials at 4<sup>0</sup>C to 8<sup>0</sup>C.**

Protect yourself by proper handling. If any of the specimens are damaged in transit autoclave the entire set and inform our office at once. If there is any problem with the specimens, you **MUST** inform our office before close of business on **May 8, 2012** by calling (518) 474-4177.

### **Instructions**

#### **1. Specimen content**

All samples are simulated urine specimens. Examine each specimen qualitatively. **Do not report quantitative results.** All isolates included in each specimen must be identified to the extent which your laboratory reports urine cultures. This shipment consists of five specimens, each containing zero to four organisms. None of the specimens are from immunocompromised patients unless noted.

#### **2. Specimen reconstitution**

Follow the directions specified on the urine specimen processing instructions.

#### **3. Antibiotic susceptibility**

If your laboratory performs antimicrobial susceptibility tests, you must test the isolate(s) in **Specimen Number UC 12-2E** with the following antibiotic(s):

**Norfloxacin  
Trimethoprim/sulfamethoxazole**

Please report your interpretations as Resistant, Intermediate, or Susceptible. Zone sizes or MICs may be reported, but they must be accompanied by an interpretation. **If your laboratory does not test these antibiotics, indicate this on the report form. Any area of the result form that is left blank will be graded as incorrect.** Do not report results for antibiotics other than those listed above.

#### **4. Reporting of results**

Report all results as you would for a patient specimen. Please note: if, at **any time**, you report a particular organism to the species or serogroup level, then you must report this organism to the same level on the proficiency test, even if this is not your routine procedure. You should treat all isolates as if the physician has requested that they be speciated. Your report will be graded according to the protocol survey which we have on file for your laboratory, including any changes or amendments submitted **prior** to the mailing date of **this** test. Indicate the gram stain result and system used for identification of each organism reported. If more than one system was used, report only the system most relied upon for the results. Please include the manufacturer of the system used. If conventional biochemicals were used, please indicate this.

## 5. Submission of results

- The deadline for submission of results is **May 14, 2012**.
- Results must be submitted electronically unless prior approval has been obtained from the Clinical Laboratory Evaluation Program.
- **Electronic reporting: Do not submit paper results.** Specific questions regarding electronic reporting should be addressed to the Clinical Laboratory Evaluation Program at **(518) 485-5378** or by emailing [clepeptrs@health.state.ny.us](mailto:clepeptrs@health.state.ny.us)

**IMPORTANT: Survey samples, their progeny, unmodified derivatives or modifications thereof may not be transferred or incorporated into a product intended for Sale. Survey samples, their progeny, unmodified derivatives or modifications thereof, reagents, and disposable equipment used in proficiency testing, when disposed of, should be autoclaved or incinerated and disposed of as hazardous waste.**

If you have any questions regarding the Bacteriology Proficiency Testing Program, please contact Dr. Wendy Archinal at **(518) 474-4177** or [bacti@wadsworth.org](mailto:bacti@wadsworth.org).