

Wadsworth Center - NYS Department of Health

Clinical Laboratory Evaluation Program

Bacteriology Gonorrhea and Chlamydia

Bacteriology Proficiency Testing Program
Wadsworth Center
P.O. Box 22002, Albany, NY 12201-2002

Shipment Date: September 8, 2009
Due Date: **September 21, 2009**

PFI Number: _____

Kit and manufacturer for *N. gonorrhoeae*: _____
Kit and manufacturer for *C. trachomatis*: _____

Direct Detection Results		
Sample	<i>Neisseria gonorrhoeae</i> result	<i>Chlamydia trachomatis</i> result
CG 09-3A	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>N. gonorrhoeae</i> <input type="checkbox"/> Negative for <i>N. gonorrhoeae</i>	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>C. trachomatis</i> <input type="checkbox"/> Negative for <i>C. trachomatis</i>
CG 09-3B	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>N. gonorrhoeae</i> <input type="checkbox"/> Negative for <i>N. gonorrhoeae</i>	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>C. trachomatis</i> <input type="checkbox"/> Negative for <i>C. trachomatis</i>
CG 09-3C	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>N. gonorrhoeae</i> <input type="checkbox"/> Negative for <i>N. gonorrhoeae</i>	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>C. trachomatis</i> <input type="checkbox"/> Negative for <i>C. trachomatis</i>
CG 09-3D	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>N. gonorrhoeae</i> <input type="checkbox"/> Negative for <i>N. gonorrhoeae</i>	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>C. trachomatis</i> <input type="checkbox"/> Negative for <i>C. trachomatis</i>
CG 09-3E	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>N. gonorrhoeae</i> <input type="checkbox"/> Negative for <i>N. gonorrhoeae</i>	<input type="checkbox"/> Test not offered <input type="checkbox"/> Positive for <i>C. trachomatis</i> <input type="checkbox"/> Negative for <i>C. trachomatis</i>

Comments: _____
Contact person: _____
Contact person's telephone number: _____
Contact person's e-mail address: _____

IF PACKAGE ARRIVES IN UNSATISFACTORY CONDITION CALL: (518) 474-4177

Proficiency test results for this event must be submitted by midnight Eastern Time on September 21, 2009

Laboratories must submit test results for this event electronically by logging in to:

<https://commerce.health.state.ny.us/doh3/applinks/eptrs>

entering their results, and clicking the **"Submit/Attest"** button on the EPTRS Summary Page.

Contact the Clinical Laboratory Evaluation Program (CLEP) via **clepeptrs@health.state.ny.us**,
if you are unable to see and click the "Submit/Attest" button on the EPTRS Summary Page.

The Proficiency Test results "Summary Page" must be printed and signed to attest that the Proficiency Test samples were handled in the same manner as patient specimens, and results were entered into EPTRS accurately. The signed Summary Page should be kept at the laboratory to be verified during the next on-site survey. Do not mail the results to the Bacteriology Program.