

# Wadsworth Center - NYS Department of Health

## Clinical Laboratory Evaluation Program Proficiency Test Report Bacteriology General

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

Shipment Date: September 15, 2009  
Due Date: **October 5, 2009**

PFI Number: \_\_\_\_\_

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

**Proficiency test results for this event must be submitted by midnight Eastern Time on October 5, 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](mailto: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.

**Comments:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Contact person's telephone number:** \_\_\_\_\_

**Contact person's e-mail address:** \_\_\_\_\_

**REPORT RESULTS ON REVERSE SIDE**

Specimen	Bacterial Identification (genus, species, serogroup where applicable)	Gram Reaction	Method of Identification	
			Code	Other
1				
2				
3				
4				
5				
Chlamydia				
A				

**Antimicrobial Susceptibility Results:** If not performed, please indicate reason. Susceptibility testing not performed:  in lab  on organism  on source

Isolate Identification: _____							
Sample	Antibiotic	Check if not tested	Zone size	MIC	Interpretation (R/I/S)	Method of testing (include manufacturer)	CLSI Guidelines Used
4	Ceftriaxone	<input type="checkbox"/>					
4	Penicillin	<input type="checkbox"/>					

If disk diffusion, please indicate: **Media** \_\_\_\_\_ **Temp** \_\_\_\_\_ **Length** \_\_\_\_\_ **Incubation Conditions**  CO2  Aerobic