

**Wadsworth Center - NYS Department of Health
Clinical Laboratory Reference System
Proficiency Testing Program
Bacteriology Urine Culture**

Shipment Date:

Due Date:

Event Menu Data

Bacterial Identification	Test Status	
Antimicrobial Susceptibility	Test Status	

Proficiency Test Results Data

Bacterial Identification			
	Bacterial Identification (genus,species,serogroup)	Gram Reaction	Method of Identification Please choose ONLY ONE system that you relied on most for the identification
A			
B			
C			
D			
E			

Antimicrobial Susceptibility

	Sample # ____	Sample # ____
antibiotic		
Isolate Identification		
Interpretation		
Zone Size		
MIC Qualifier		
MIC		
Method of Testing		
CLSI Guidelines		
If disk diffusion, media used		
If disk diffusion, incubation temperature		
If disk diffusion, length of incubation		
If disk diffusion, incubation conditions		

Enter the reason for temporary suspension and PFI of the laboratory samples are being referred to:	
Comments:	
Contact Person:	
Phone Number:	
Email Address	

Worksheet