

**New York State Department of Health - Wadsworth Center
2009 Proficiency Testing Schedule**

Category		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Bacteriology General	Survey Date	1/13			4/28					9/15			
	Due Date		2/2			5/18					10/5		
Bacteriology Gram Stains	Survey Date	1/27			4/21					9/8			
	Due Date		2/9			5/4				9/21			
Bacteriology Restricted Group A Streptococcus Gonorrhea & Chlamydia Throat Culture Urine Culture	Survey Date	1/27			4/21					9/8			
	Due Date		2/9			5/4				9/21			
Blood pH and Gases	Survey Date	1/5			4/6				8/24				
	Due Date	1/16			4/17					9/4			
Cellular Immunology Lymphoid function Lymphoid & T-Lymphoid Immunophenotyping	Survey Date		2/2				6/1				10/5		
	Due Date		2/17				6/16				10/20		
Cellular Immunology Malignant Leukocyte Immunophenotyping	Survey Date		2/23				6/22				10/26		
	Due Date			3/24				7/21				11/24	
Cellular Immunology Non-Lymphoid Immunophenotyping CD 34	Survey Date		2/9				6/8				10/13		
	Due Date		2/24				6/23				10/28		
Clinical Chemistry	Survey Date	1/26				5/4				9/14			
	Due Date		2/6			5/15				9/25			
Cytogenetics	Survey Date		2/9				6/15				10/26		
	Due Date			3/16				7/20				11/30	
Cytokines	Survey Date	1/12				5/11				9/14			
	Due Date	1/27				5/26				9/29			
Cytopathology - Human papillomavirus	Survey Date				4/14			7/14			10/19		
	Due Date					5/4			8/3			11/9	
Diagnostic Immunology	Survey Date	1/14				5/13				9/16			
	Due Date	1/28				5/27				9/30			

**New York State Department of Health - Wadsworth Center
2009 Proficiency Testing Schedule**

Category		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Endocrinology	Survey Date	1/26				5/4				9/14			
	Due Date		2/6			5/15				9/25			
Fetal Defect Markers	Survey Date	1/27				5/5				9/15			
	Due Date		2/11			5/20				9/30			
Forensic Identity Testing	Survey Date				4/7						10/6		
	Due Date						6/12						12/11
Hematology	Survey Date			3/3			6/8				10/19		
	Due Date			3/16			6/19				10/30		
Hematology Cytohematology Glass slides	Survey Date											11/23	
	Due Date												12/4
Human Immunodeficiency Virus	Survey Date	1/14				5/13				9/16			
	Due Date	1/28				5/27				9/30			
Immunohematology	Survey Date			3/10			6/22					11/3	
	Due Date			3/25				7/7				11/18	
Mycobacteriology	Survey Date			3/3								11/3 *	
	Microscopy Due Date			3/6								11/6 *	
	Identification and Susceptibility Due Date					5/29							1/29/10 *
Mycology Antifungal Susceptibility	Survey Date	1/28				5/27				9/30			
	Due Date		2/20				6/19				10/23		
Mycology Direct Detection	Survey Date	1/28								9/30			
	Due Date		2/13								10/16		
Mycology General	Survey Date	1/28				5/27				9/30			
	Due Date			3/13			6/19					11/13	

**New York State Department of Health - Wadsworth Center
2009 Proficiency Testing Schedule**

Category		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Mycology Yeast Only	Survey Date	1/28				5/27				9/30			
	Due Date		2/20				6/19				10/23		
Oncology Cellular Tumor Markers	Survey Date		2/23				6/22				10/26		
	Due Date			3/24				7/21				11/24	
Oncology Soluble Tumor Markers	Survey Date	1/27				5/5				9/15			
	Due Date		2/11			5/20				9/30			
Parasitology Blood Borne Parasites	Survey Date		2/3				6/2				10/6		
	Due Date		2/17				6/16				10/20		
Parasitology General	Survey Date		2/3				6/2				10/6		
	Due Date		2/17				6/16				10/20		
Parentage/Identity DNA Testing	Survey Date			3/31							10/6		
	Due Date					5/1						11/6	
Therapeutic Substance Monitoring Quantitative Toxicology	Survey Date	1/26				5/4				9/14			
	Due Date		2/6			5/15				9/25			
Toxicology Blood Lead	Survey Date	1/14				5/6				9/23			
	Due Date		2/4			5/27					10/14		
Toxicology Erythrocyte Protoporphyrin by Extraction	Survey Date		2/25				6/17					11/4	
	Due Date			3/11				7/1				11/18	
Toxicology Erythrocyte Protoporphyrin by Hematofluorometry	Survey Date			3/25				7/15					12/2
	Due Date				4/8			7/29					12/16
Toxicology Clinical and Forensic Initial Testing Only	Survey Date			3/2					8/24				
	Due Date			3/13						9/4			

**New York State Department of Health - Wadsworth Center
2009 Proficiency Testing Schedule**

Category		JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Toxicology Clinical and Forensic Comprehensive	Survey Date			3/2					8/24				
	Due Date			3/20						9/11			
Trace Elements Serum & Urine	Survey Date	1/14				5/6				9/23			
	Due Date		2/11				6/3				10/21		
Trace Elements Whole Blood	Survey Date	1/14				5/6				9/23			
	Due Date		2/4			5/27					10/14		
Transplant Monitoring (Engraftment Monitoring)	Survey Date			3/31							10/6		
	Due Date					5/1						11/6	
Urinalysis	Survey Date					5/18						11/30	
	Due Date					5/29							12/11
Urine Pregnancy Testing	Survey Date					5/18						11/30	
	Due Date					5/29							12/11
Virology Direct Detection Influenza	Survey Date	1/7				5/6				9/16			
	Due Date	1/23				5/22					10/2		
Virology Direct Detection Rotavirus	Survey Date	1/13				5/12				9/22			
	Due Date	1/30				5/29					10/9		
Virology Direct Detection RSV	Survey Date	1/14				5/13				9/23			
	Due Date	1/30				5/29					10/9		
Virology General	Survey Date	1/6				5/5				9/15			
	Due Date		2/6				6/5				10/16		
Virology Limited to HSV Testing	Survey Date	1/6				5/5				9/15			
	Due Date		2/6				6/5				10/16		

* Revised: October 2009