

# NEW YORK STATE PARASITOLOGY PROFICIENCY TESTING PROGRAM

JUNE 1, 2010

**TO: Directors of Laboratories Holding a Permit in Parasitology-General**

**FROM:**

**Susan Madison-Antenucci, Ph.D., Director of Parasitology**

**Ms. Jill Ennis, Proficiency Testing Coordinator**

Our records indicate that your laboratory holds a 2010-2011 Permit in Parasitology-General. Please note that this category is applicable to labs that examine patient specimens (blood, feces, pinworm swabs, tissues, urine) for parasites. With the exception of arthropods, this category covers all areas of diagnostic parasitology. The number of specimens included in this mail-out is five.

Enclosed you will find three formalin-preserved Fecal Emulsions (10-F through 10-H), one unstained, ZN-PVA-fixed Fecal Smear (10-I), and one stained, methanol-fixed Blood Smear (10-J). The Fecal Smear is prepared with a mercury-free preservative; therefore, you can eliminate the iodine and alcohol rinse steps from your staining procedure. As always, care should be taken not to allow the stain to come in contact with the label. Specimens should be processed according to the specific directions given below. In addition, regardless of the specific type of parasite requested, if your laboratory uses either a *Giardia* or *Cryptosporidium* immunoassay you should perform those tests on the fecal emulsions (10-F through 10-H) and enter the results in the spaces provided on the electronic result form. Please also enter a method from the drop-down list provided. The Fecal Smear should be processed using stains that are: a) appropriate for the fixative and type of parasite requested, b) required for the application General Permit for Parasitology, and c) routinely used in diagnostic parasitology.

Limit your identification of the five test specimens (10-F through 10-J) to those parasites listed in the drop-down menus on the Electronic Proficiency Testing Reporting System's (EPTRS) result entry page. If you do not perform a particular test please enter 'Test Not Performed'. Please enter 'No Parasites Seen' to indicate a negative result. *Blastocystis hominis* should be considered as an answer only when "Report ALL Parasites" is requested. You should include a test for *Cryptosporidium* sp. whenever required by the type of parasite requested. Please note that the NYS Parasitology Proficiency Testing Program does not yet require genera of microsporidia.

An optional worksheet may be printed from EPTRS. Click on "Enter Results" at the bottom of the event menu page and then click on the button labeled "Print Optional Worksheet" located in the lower right hand corner. A copy of the glossary is available on our website at: [www.wadsworth.org/parasitology/index.htm](http://www.wadsworth.org/parasitology/index.htm)

**Specific Directions for Each of the FIVE Test Specimens are:**

**10-F Report HELMINTHS and *Cryptosporidium/Giardia* Immunoassay**

**10-G Report HELMINTHS and *Cryptosporidium/Giardia* Immunoassay**

**10-H Report ALL PARASITES and *Cryptosporidium/Giardia* Immunoassay**

**10-I Report PROTOZOA ONLY**

**10-J Report ALL PARASITES**

Proficiency test results must be submitted electronically by **Tuesday, June 15, 2010**. Laboratories are responsible for notifying the state laboratory at (518) 474-4177 no later than noon, Tuesday June 8, 2010 if specimens arrive in unsatisfactory condition, or the shipment is incomplete. If you have any questions, please call Ms. Sandy Lionarons at the above number and have your Permanent Facility Identifier (PFI) number ready when you call.

Address for general correspondence:

**DR. SUSAN MADISON-ANTENUCCI  
PARASITOLGY PROFICIENCY TESTING PROGRAM  
WADSWORTH CENTER  
NEW YORK STATE DEPARTMENT OF HEALTH  
DAVID AXELROD INSTITUTE  
P.O. Box 22002  
ALBANY, NEW YORK 12201-2002**