

**NEW YORK STATE PARASITOLOGY PROFICIENCY TESTING PROGRAM
FEBRUARY 2, 2010**

TO: Directors of Laboratories Applying for a Permit in Parasitology-General

**FROM: Susan Madison-Antenucci, Ph.D., Director, Parasitology Proficiency
Testing Program
Ms. Jill Ennis, Proficiency Testing Coordinator**

Our records indicate that your laboratory has applied for a 2010-11 General Permit in Parasitology. Please note that this category is applicable to labs which 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 mailout is **FIVE**.

Enclosed you will find three *Formalin-preserved Fecal Emulsions (10-A through 10-C)*, one *Unstained, ZN-PVA-fixed Fecal Smear (10-D)*, and one *Stained, Methanol-fixed Blood Smear (10-E)*. The Fecal Smear is prepared with a mercury-free preservative, and therefore iodine and alcohol rinse steps may be eliminated from the 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-A through 10-C) and enter the results in the spaces provided on the electronic result form. Please also indicate the method used 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 permit for Parasitology, and c) routinely used in diagnostic parasitology. PLEASE HANDLE THESE SPECIMENS WITH CARE.

Limit your identification of the five Test Specimens (10-A through 10-E) 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" as your result. 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 for a sample. You should include a test for *Cryptosporidium* sp. whenever required by the type of parasite requested. Please note that identification of particular genera of microsporidia is not yet required by the NYS Parasitology Proficiency Testing Program.

If desired, a 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. For your convenience, a written copy of the glossary is available on our website at http://www.wadsworth.org/parasitology/pdf/general_glossary.pdf.

Specific Directions for Each of the FIVE Test Specimens are:

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

10-B Report HELMINTHS ONLY and *Cryptosporidium/Giardia* Immunoassay

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

10-D Report PROTOZOA ONLY

10-E Report ALL Parasites

Proficiency test results must be submitted electronically by Tuesday February 16, 2010. Laboratories are responsible for notifying the State Laboratory at (518) 474-4177 NO LATER THAN NOON, Tuesday February 9, 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. Please have your Permanent Facility Identifier (PFI) number ready when you call.

Address for general correspondence:

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