



10th MM EQAS Microbiology: Bacteriology/ Serology
 Department of Clinical Microbiology, Christian Medical College, Vellore-632004, Tamil Nadu
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NABL ACCREDITED ISO / IEC 17043:2010, PC-1033 / 27.12.2018

MARCH 2020

104th EQAS EVALUATION REPORT

MEMBER ID:

M 0 6 0 7

ARCH 2020 / BACTERIOLOGY SMEARS:

Marks Obtained: 70.5/71 (99.3%)

Question: Carry out the appropriate staining procedure and document the relevant observation.

Provide the Impression or probable organism seen (AS ASKED)

Please refer the attached evaluation format/answer template for details on the criteria for evaluation.

NOTE: The inaccuracies in the participant report resulting in deduction of marks has been underlined in the expected report.

Exercise number	Question	Expected Report	Evaluation
1	Please carry out a Gram stain on the given fixed smear prepared from a voided URINE specimen of a 63-year old diabetic lady with a history of mild dysuria and increased frequency for 2 days.	Presence of host cells & debris (1 mark): Occasional pus cells, Many epithelial cells. Description of Organism/s (2marks): Many Gram positive spherical cocci in pairs, chains, groups. Many Gram negative bacilli (slender and thick). Many Gram positive bacilli, Moderate oval budding yeast like organisms.	0 0.5 1 1.5 2 2.5 3 3.5 4
2	Please carry out a Gram stain on the given fixed smear prepared from an EXUDATE specimen of a 23-year old man presenting with an exudative lesion on the right leg associated with high grade fever, chills and myalgia for 2 days.	Impression/comment (1 mark): Improperly collected specimen. Suggest repeat appropriately collected mid-stream clean catch specimen for culture. Presence of host cells & debris (1 mark): Many pus cells. Description of Organism/s (2 marks): Many Gram positive spherical cocci in pairs and chains. Possible organism (1 mark): Streptococcus species (Probably <i>S. pyogenes</i>)	0 0.5 1 1.5 2 2.5 3 3.5 4

SM3	Please carry out a Gram stain on the given fixed smear prepared from an ENDOTRACHEAL ASPIRATE specimen of a 69-year old gentleman admitted in the ICU with worsening saturation.	Presence of host cells & debris (1 mark): Many pus cells. Description of Organism/s (2 marks): Many Gram negative cocco-bacilli Possible organism (1 mark): Probable NFGNB- <i>Acinetobacter</i> spp	0	0.5	1
			1.5	2	2.5
			3	3.5	4

SM2* Note: Additional organisms have been incorrectly reported.

MARCH 2020 / BACTERIOLOGY CULTURE:

Question: A freeze-dried (lyophilized) culture of an organism isolated from a clinical specimen is given. Carry out the appropriate techniques for each exercise and identify the pathogen. Carry out the antimicrobial susceptibility testing according to the panel given below.

Please refer the attached evaluation format for details on the criteria for evaluation.

A 'partially correct' or 'incorrect' component of the participant report which has resulted in a deduction of marks has been indicated in the evaluation report below.

CU1: Isolated from a FECES specimen of a 26year old gentleman with a 2-day history of diarrhea and vomiting associated with abdominal pain.

FINAL INDENTIFICATION: *Non-agglutinating Vibrio cholerae* (Non O1- Non O139)

Identification details	Reported	Not reported	Evaluation (7 marks)
Microscopy (Gram stain + Motility)	✓		0 0.5 1
Salient culture and biochemical findings enabling final identification (Minimum 3 key characteristics)	✓		1 2 3 4
Final identification	✓		0 0.5 1 1.5 2

Susceptibility report	EXPECTED REPORT		PARTICIPANT REPORT	MARK	TYPE OF ERROR
	Zone size (mm)	MIC (µg/ml)			
Ampicillin	≥17	≤8	✓	10 marks -1 0 1 (2)	Error mE/ ME/ VME
Tetracycline	≥15	≤4	✓	-1 0 1 (2)	mE/ ME/ VME
Co-trimoxazole	≥16	≤2 - 38	✓	-1 0 1 (2)	mE/ ME/ VME
Cefotaxime	≥26	≤1	✓	-1 0 1 (2)	mE/ ME/ VME
Ciprofloxacin	≥21	≤1	✓	-1 0 1 (2)	mE/ ME/ VME

CCU2: Isolated from a URINE specimen of a 35year old gentleman with hemiplegia on a long-term urinary catheter

FINAL IDENTIFICATION: *Serratia marcescens*

Identification details	Reported	Not reported	Evaluation (7 marks)
Microscopy (Gram stain + Motility)	✓		0 0.5 (1)
Salient culture and biochemical findings enabling final identification (Minimum 3 key characteristics)	✓		1 2 3 (4)
Final identification	✓		0 0.5 1 1.5 (2)

Susceptibility report	EXPECTED REPORT		PARTICIPANT REPORT	MARK	TYPE OF ERROR
	Zone size (mm)	MIC (µg/ml)			
Cefepodoxime	18-20	4	✓	8 marks NOT EVALUATED	Error
Co-trimoxazole	≥16	≤2-38	✓	-1 0 1 (2)	mE/ ME/ VME
Moxicillin-avulanate	6	>32	✓	-1 0 1 (2)	mE/ ME/ VME
Cefoxitin	≥21	≤0.5	✓	-1 0 1 (2)	mE/ ME/ VME
Meropenem	≥23	≤1	✓	-1 0 1 (2)	mE/ ME/ VME

CU3: Isolated from an EXUDATE specimen from a 22-year old lady with a history of extensive burns to her right forearm.
FINAL IDENTIFICATION: *Staphylococcus aureus* (MRSA)

Identification details	Reported	Not reported	MARK	Evaluation (7 marks)
Microscopy (Gram stain + Motility)	✓		10 marks	0 0.5 (1)
Salient culture and biochemical findings enabling final Identification (Minimum 3 key characteristics)	✓		10 marks	1 2 3 (4)
Final identification	✓		10 marks	0 0.5 1 1.5 (2)

Susceptibility report	EXPECTED REPORT		PARTICIPANT REPORT		MARK	TYPE OF ERROR
	Zone size (mm)	MIC (µg/ml)	Interpretation	Correct		
Cefoxitin	≥21	≥8	Resistant	✓	-1 0 1 (2)	mE/ ME/ VME
Erythromycin	≥23	≤0.5	Susceptible	✓	-1 0 1 (2)	mE/ ME/ VME
Co-trimoxazole	≥16	≤2-38	Susceptible	✓	-1 0 1 (2)	mE/ ME/ VME
Clindamycin	≥21	≤0.5	Susceptible	✓	-1 0 1 (2)	mE/ ME/ VME
Linezolid	≥21	≤4	Susceptible	✓	-1 0 1 (2)	mE/ ME/ VME

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Test method employed for detection C-reactive protein (CRP) at your lab: Turbidimetry
Peer group (n) = 320

Please refer the attached evaluation format for details on the criteria for evaluation

	Parameter	Your Result	Your Value (mg/L)	Intended Result	Robust Mean	Robust SD	Range (mg/L)	Z & Z' score	Max Marks	Your Score
SE1	CRP	Positive	37.22	Positive	36.7014	8.8178	1 to 312	0.1	2	2
SE2	CRP	Negative	2.42	Negative	2.1770	1.4239	0.0 to 39.65	0.2	2	2
SE3	CRP	Positive	9.88	Positive	10.8659	2.9648	0.22 to 241.8	-0.3	2	2

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Test method employed for detection Rheumatoid Factor (RF) at your lab: Latex Agglutination
Peer group (n) = 342

Please refer the attached evaluation format for details on the criteria for evaluation

	Parameter	Your Result	Your Value (IU/mL)	Intended Result	Robust Mean	Robust SD	Range (IU/mL)	Z & Z' score	Max Marks	Your Score
SE1	RF	Negative	< 10	Negative	Not Applicable			Not Evaluated*	2	2
SE2	RF	Negative	< 10	Negative					2	2
SE3	RF	Negative	< 10	Positive						

* As >30% participants scored <70% on this exercise, it has been excluded from the final evaluation.

Disclaimer:

This is a confidential document and subject to the rules of confidentiality as described by the ISO 17043:2010 standard.

MEMBER ID:

M 0 6 0 7

SM1	SM2	SM3	CU1	CU2	CU3	SE1	SE2	SE3	Marks obtained	
4	3.5	4	17	15	17	4	4	2	70.5	99.3%
4	4	4	17	15	17	4	4	2	Maximum marks = 71	



Dr. Rani Diana Sahni
Scientific Co-ordinator



Dr. John A Jude Prakash
Quality Manager



Dr. V. Balaji
PT Co-ordinator

Report Dispatch Date: 15.09.2020

***** End of Report *****

Result of 105th EQAS package

Inbox



Quality Pranaam Hospitals <quality@pranaamhospitals.in>

Dec 15, 2020, 4:09
PM (2 days ago)

to eqas, vbalaji

Dear sir

Greetings from Pranaam Hospitals

we have registered with EQAS for basic bacteriology and serology. our lab CODE 1100., member id M0607

could you please let us know as when can we receive the result of 105th eqas package .

We are waiting for the result to submit for NABL accreditation. program.

kindly do the needful

thanks and regards

S.V. Kameshwara Rao
Head Quality And Regulatory Affairs
Pranaam Hospitals Pvt.Ltd
Madinaguda, Hyderabad-500050
Mob: 7095128844



EQAS

Dec 16, 2020, 8:58
AM (1 day ago)

to me

Dear Sir,

Thank you for your mail.

The 105th EQAS package result will be dispatch along with 106th package by 3rd week of December.

With regards,

S.Suganthi
8778867546

For Dr. V.Balaji
Professor
Coordinator IAMM EQAS Microbiology
Department of Clinical Microbiology
Christian Medical College, Vellore 4

All participants are requested to mention their complete contact details : EQAS code number, name, address, phone number and alternate email ID on all communications and on the reverse of any draft/cheque sent to the IAMM EQAS.