



108<sup>th</sup> IAMM EQAS Microbiology: Bacteriology/ Serology  
 Department of Clinical Microbiology, Christian Medical College, Vellore-632004, Tamil Nadu  
 Email: [eqas@cmevellore.ac.in](mailto:eqas@cmevellore.ac.in) Phone: 0416-2282588



NABL ACCREDITED ISO / IEC 17043:2010, PC-1033 / 27.12.2018

JUNE 2021

108<sup>th</sup> EQAS EVALUATION REPORT

MEMBER ID: 

M	0	0	5	8
---	---	---	---	---

Marks Obtained: 66/69 (95.7%)

**JUNE 2021 / BACTERIOLOGY SMEARS**

**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.

PLEASE 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		
			0	0.5	1
SM1	Please carry out a Gram stain on the given fixed smear prepared from a CSF specimen obtained from a 3-year old child presenting at a rural hospital facility with high grade fever and altered sensorium. Mother has defaulted on child's vaccinations.	Presence of host cells & debris (1mark): Many pus cells	0	0.5	1
		Description of Organism/s (2marks): <u>Many</u> (0.5) <u>pleomorphic</u> (0.5) Gram negative bacilli (1)	1.5	2	2.5
		Probable organism (1 mark): <i>Hemophilus</i> spp	3	3.5	4
SM2	Please carry out a Gram stain on the given fixed smear prepared from an endotracheal aspirate of a 43-year old man admitted in ICU for 5 days with SARS-CoV2.	Presence of host cells & debris (1mark): Moderate pus cells	0	0.5	1
		Description of Organism/s (2marks): <u>Many</u> (0.5) Gram negative (1) cocco-bacilli (0.5)	1.5	2	2.5
		Probable organism (1 mark): <i>Acinetobacter</i> spp	3	3.5	4

**JUNE 2021 / SEROLOGY**

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

Parameter	Your Result	Your Value	Intended Result	Method	Robust Mean	Robust SD	Range	Z & Z' score	Max Marks	Your Score
SE1	Negative	11 IU/ml	Negative	Turbidimetry (n-271)	10.7787	4.3006	0.09 to 133	0.1	2	2
SE2	Positive	67.58 mg/L	Positive	Turbidimetry (n-406)	70.5501	12.1574	0.76 to 822	-0.2	2	2

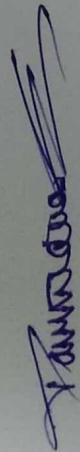
Parameter	Your Result	Intended result	correct	Incorrect	Max Marks	Your Score
SE3	RPR/VDRL					
	TPHA					
	Syphilis ELISA					
NOT DONE						

**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 0 5 8**

SM1	SM2	SM3	CU1	CU2	CU3	SE1	SE2	SE3	Marks obtained	
3	3.5	3	18.5	17	17	2	2	NOT DONE	66	95.7%
4	4	4	19	17	17	2	2		Maximum marks = 69	

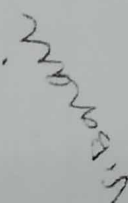


Dr. Rani Diana Sahni  
Scientific Co-ordinator

Report Dispatch Date: 30.10.2021



Dr. John A Jude Prakash  
Quality Manager



Dr. V. Balaji  
PT Co-ordinator

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

<b>Department</b>	Clinical microbiology
<b>EQAS Details</b>	EQAS <input checked="" type="checkbox"/> Specify: <u>10mm EQAS microbiology</u> ILQA <input type="checkbox"/> Specify: _____
<b>Cycle</b>	<u>108</u>
<b>Sample No.</b>	<u>NA</u>
<b>Lot no.</b>	<u>NA</u>
<b>Expiry Date</b>	<u>NA</u>
<b>Sample Receiving Date</b>	<u>15/7/21</u>
<b>Sample Processing Date</b>	<u>19/7/21</u>
<b>Results send on</b>	<u>30/7/21</u>
<b>Result received on</b>	<u>30/10/21</u>
<b>Comments (if any)</b>	_____ _____ _____

**Sample Processed By**
**Approved By**

 Sign: Naveesh

 Name: Naveesh Kumar

 Sign: [Signature]

 Name: Jashera


Data Monitor

26/04/22 10:56

Ser/Pl N 00039-4 sei egas july  
19/07/21 8F-II  
14:07:47 11.0  
bmserv

Ser/Pl N 00039-5 se2 egas july  
19/07/21 CRP4  
14:07:49 67.58  
bmserv

Done by  
Nandha Kumar

Verified by  
Jayshree 

**IMPORTANT!! All sera are potentially infectious. Adequate universal precautions to be used while handling the specimens**  
**Note: Do not use tick marks; encircle as necessary**

**CRP reporting format:**

S No.	Subject	C-reactive protein (CRP)*	
		Report	Value in (mg/L)
1	SE2	(Positive) / Negative	67.58
2	Your Normal Range	Less than 50	
3	Method	Qualitative	Latex agglutination
		Semi-Quantitative	Latex agglutination
		Quantitative	Nephelometry / (Turbidimetry) / ELISA / CLIA / Others:
4	Name of the kit used	CRP 4	
5	Manufacturer (Name, City, Country)	Roche	
6	Lot No.	555900	
7	Expiry date of kit	04/2022	
8	Automation used	Yes / No	
9	If yes, give details of Automation used	Model: Cobas 6000 Manufacturer: Roche HITACHI City: Country: GERMANY.	

\* It is understood that the value mentioned is in mg/L only

**IMPORTANT!! All sera are potentially infectious. Adequate universal precautions to be used while handling the specimens**

**Note: Do not use tick marks; encircle as necessary**

**Rheumatoid Factor (RA) reporting format:**

S.no	Subject	Rheumatoid Factor (RA)	
		Report	Value in (IU/ml)
1	SE1	Positive / <u>Negative</u>	11-0
2	Your Normal Range	Less than 14	
3	Method	Qualitative	Latex agglutination
		Semi-Quantitative	Latex agglutination
		Quantitative	Nephelometry / <u>Turbidimetry</u> / ELISA / CLIA / Others:
4	Name of the kit used	RF II	
5	Manufacturer (Name, City, Country)	Roche	
6	Lot No.	508876	
7	Expiry date of kit	10/2022	
8	Automation used	Yes / No <input checked="" type="checkbox"/>	
9	If yes, give details of Automation used	Model: Cobas 6000 Manufacturer: Roche HITACHI City: <del>CHH</del> Country: ARMENIA	

**IMPORTANT!!** All sera are potentially infectious. Adequate universal precautions to be used while handling the specimens  
**Note:** Do not use tick marks; encircle as necessary

**SE3. Syphilis Serology**

S. no	Subject	Syphilis Serology		
		RPR / VDRL	TPHA	Syphilis ELISA
1	Screening assay Result			
2	Units/ Dilution			
3	Confirmatory assay Result			
4	Units/ Dilution			
5	Name of the kit used			
6	Manufacturer (Name, City, Country)			
7	Lot No.			
8	Expiry date of kit			
9	Automation used	Yes / No	Yes / No	Yes / No
10	If yes, give details of Automation used	Model:  Manufacturer:  City:  Country:	Model:  Manufacturer:  City:  Country:	Model:  Manufacturer:  City:  Country:

Laboratory / Institution Name: *Biolna laboratory - calicut*

Date of Dispatch: *30/7/21*

**Authorized signatory**

Signature: *[Handwritten Signature]*

Name: *Jashere*

**JUNE 2021 / SEROLOGY**

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

	Parameter	Your Result	Your Value	Intended Result	Method	Robust Mean	Robust SD	Range	Z & Z' score	Max Marks	Your Score
SE1	RA	Negative	11 IU/ml	Negative	Turbidimetry (n-271)	10.7787	4.3006	0.09 to 133	0.1	2	2
SE2	CRP	Positive	67.58 mg/L	Positive	Turbidimetry (n-406)	70.5501	12.1574	0.76 to 822	-0.2	2	2

	Parameter	Your Result	Intended result	correct	Incorrect	Max Marks	Your Score
SE3	RPR/VDRL						
	TPHA						
	Syphills ELISA						
NOT DONE							

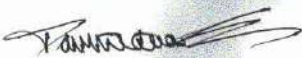
**Disclaimer:**

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

MEMBER ID:

**M 0 0 5 8**

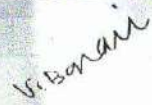
SM1	SM2	SM3	CU1	CU2	CU3	SE1	SE2	SE3	Marks obtained	
3	3.5	3	18.5	17	17	2	2	NOT DONE	66	95.7%
4	4	4	19	17	17	2	2		Maximum marks = 69	



Dr. Rani Diana Sahni  
Scientific Co-ordinator  
Report Dispatch Date: 30.10.2021



Dr. John A Jude Prakash  
Quality Manager



Dr. V. Balaji  
PT Co-ordinator

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



<b>Department</b>	<u>Clinical microbiology</u>
<b>Programme</b>	EQAS <input checked="" type="checkbox"/> Specify: <u>10mm EQAS Microbiology</u> ILC <input type="checkbox"/> OTHERS <input type="checkbox"/> Specify: _____
<b>Cycle / Sample No.</b>	<u>108</u>
<b>Month &amp; Year</b>	<u>June - 2021</u>
<b>Nature of non-conformance</b>	<u>Results are correlating</u>
<b>Corrective / Preventive action taken</b>	<u>Hence the results are matching</u> <u>CA is not required</u>
<b>Review during the next EQAS / Effectiveness of Corrective Action</b>	_____ _____ _____

**Prepared By**

**Approved By**

Name: Nandha Kumar

Name: [Signature]

Sign: [Signature]

Sign: [Signature]