

108thIAMM EQAS Microbiology: Bacteriology/ Serology Department of Clinical Microbiology, Christian Medical College, Vellore-632004, Tamil Nadu Email: eqas@cmevellore.ac.in Phone: 0416-2282588

NABL ACCREDITED ISO / IEC 17043:2010, PC-1033 / 27.12,2018



JUNE 2021

108th EQAS EVALUATION REPORT

MEMBER ID:

 $\mathbf{M} \mid \mathbf{0} \mid \mathbf{0} \mid$

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

QX QX
OTC
SEROLOGY
2021/
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J.

	L	e.					7	
47	You	Score	(7	-	7		
	Max	Marks		7		7		
- 1	787			0.1		-0.2		
	Range	,9,,,,,	0 00 to	133				
evaluano	2 1 -04	Kobust	200	10 7787 4.3006		15 1574	17.15/4	
riteria for		Robust	Mean	10 7787	10.7707		70.5501 12.15/4	
for details on the c	of actains on the	ended Method Robust Kobust Ch		Turbidimetry	(n-271)	Turkidimotry	I ur Didillicus	(n-406)
SWer template f	and remplate	Intended	Kesult	. 7	Inegative		Positive	
1 - 1 out lustion to marker te	dition of the	Your Value		44 III/ml	1110/1111		L/2m 85.79	
The devolution	tached evalu	Your	Result		Negative		Decitivo	FUSITIVE
,	o refer the at	1000	Parameter		RA		400	CRF
	Dloor	LICA			SE1	7770		SE2

	Para	RPR	SE3 TI	Syl
	Parameter	RPR/VDRL	TPHA	Syphilis ELISA
	Your Result			
	Intended result			
	correct		NOT DONE	
	Incorrect		E	
Max	Marks			
Your	Score			
				_

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

-	CU1	18.5	19
M 0 0 5 8	SM3	3	-
M 0	SM2	3.5	
MEMBER ID:	SM1	3	
M			

Dr. John A Jude Prakash

PT Co-ordinator Dr. V. Balaji

Maximum marks = 69

DONE NOT

7

17

17

95.7%

99

Marks obtained

SE3

SE2

SE1

CU3

CU2

7

4

17

17

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

Quality Manager



EQAS DETAILS

Department	Clinica) m	ircvo bio	s polo	
EQAS Details	EQAS			Specify: 1000 500	microBrotom
Cycle		8		Specify:	
Sample No. Lot no.	_ N		1		
Expiry Date		O			
Sample Receiving Date		s 1-	\$ 21		
Sample Processing Date	1		7/21		
Results send on			121		
Result received on	30)	10)	2\		
Comments (if any)					

Sample Processed By

Sign: Narelule
Name: Nanchakumer

Approved By

Data Monitor

26/04/22 10:50

Ser/F1 N 00039-4 19/07/21 RF-11 14:07:47 11.0 bmserv

se2 equs july

sel equs july

Ser/Pl N 00039-5 19/07/21 CRP4 14:07:47 67.58 bmsery

Dare pil

Ventical by Jayhure Jahr

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)*				
		Repo	rt	Value in (mg/L)		
1 SE2		Positive / Negative 67		67.58		
2	Your Normal Range	Less F	han 5.0	- Winn		
3	Method	Qualitative	Latex agglutination	on		
		Semi-Quantitative	Latex agglutination	on		
4		Quantitative	Nephelometry /(T	Turbidimetry / ELISA / CLIA/		
4	Name of the kit used	CRPH				
5	Manufacturer (Name, City, Country)	RO Cha	2			
6	Lot No.	55 59	00			
7	Expiry date of kit	041	00 a 022			
8	Automation used		Yes / N	0		
9	If yes, give details of Automation used	Model: (0) (1) Manufacturer: 200	the HITACHI			
		City:	Count	try: CHERMENY,		

^{*} 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:

		Rheumatoid Factor (RA)					
S.no	Subject	Repo	ort	Value in (IU/ml)			
1	SE1	Positive / Negative		11-0			
2	Your Normal Range	Less than 14					
		Qualitative	Latex agglutination	* 14-			
		Semi-Quantitative	Latex agglutination				
3	Method	Quantitative	Nephelometry Turk Others:	bidimetry ELISA / CLIA/			
4	Name of the kit used	RFI					
5	Manufacturer (Name, City, Country)	Po	Roche				
6	Lot No.	508	876				
7	Expiry date of kit	10/2	022				
8	Automation used		Yes / N	lo			
9	If yes, give details of	Model: Cobas Manufacturer: RC					
45		City:	Country	OTERMENY.			

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.	Subject		Syphilis Serology	
no		RPR/VDRL	ТРНА	Syphilis ELISA
	Screening assay Result			
2	Units/ Dilution			
3	Confirmatory assay Result			
4	Units/ Dilution	NAME OF THE PARTY	The second second	
5	Name of the kit used			- Cont
6	Manufacturer (Name, City, Country)			
7	Lot No.			- 0
8	Expiry date of kit			Yes / No
9	Automation used	Yes / No	Yes / No	
10	If yes, give details of Automation used	Model:	Model:	Model:
		Manufacturer:	Manufacturer:	Manufacturer:
		City:	City:	City:
		Country:	Country:	Country:

Laboratory / Institution Name: Biolice	Ichoveforg-calical	Date of Dispatch: 30	7/	5
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Authorized signatory

Signature:

Name:

Pleas	E 2021 / SERC se refer the att	ached evalu	Your Value	Intended	for details on the c	Robust	Robust	Range	Z & Z'	Marks	Your Score
	Parameter	Your Result	rout raide	Result		Mean	SD	0.09 to		2	2
	经企业的 对于1000年的	CHEST SERVICE	11 IU/ml	Negative	Turbidimetry	10.7787	4.3006	133	0.1	Will to the	
E1	RA	Negative	11 10/111		(n-271) Turbidimetry		12.1574	0.76 to	-0.2	2	2
SE2	CRP	Positive	67.58 mg/L	Positive	(n-406)	70.5501	12.1574	822		00.0	

IXI.	10000	District Control of the Control of t			and the second second second second	Max	Your
	Parameter	Your Result	Intended result	correct	Incorrect	Marks	Score
SE3	RPR/VDRL						
	TPHA			NOT DON	JE		
	Syphilis ELISA						

Disclaimer:

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MEMBER ID:	M	0	0	5	8	

SE2	SE3		
2		66	95.7%
L L	NOT		1 60
2	DONE	Maximu	m marks = 69
	2	2 DONE	2 DONE Maximu

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

Town town

Dr. Rani Diana Sahni Scientific Co-ordinator Report Dispatch Date: 30.10.2021 Dr. John A Jude Prakash Quality Manager

4. Barain Dr. V. Balaji PT Co-ordinator

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CORRECTIVE ACTION REPORT

Department	clinical microbiology
Programme	EQAS Specify: 1000 500 Microby ILC OTHERS Specify:
Cycle / Sample No.	10%
Month & Year	June - 2021
Nature of non- conformance	Results one comme lating
Corrective / Preventive action taken	Hence the results are matching con is not required
Review during the next EQAS / Effectiveness of Corrective Action	

Prepared By

Approved By

Name: Nandha kumer Sign: Wanellin women

Name:

Sign: