UK NEQAS
International Quality Expertise

50 Years as World Leaders in EQA 1969–2019 Microbiology

Scheme-specific instructions are on the enclosed safety sheet. Blank reply forms can be printed directly from the results entry screen on the secure area of the website. In addition, web images of reply forms, copies of this information sheet and the safety instructions are available on the website: www.ukneqasmicro.org.uk. Select the tab “Registered Participants", then select from the left hand menu either "Current Reply Forms" and the relevant scheme or "Distribution Information Sheet".

Antibiotic panels for the antimicrobial susceptibility scheme are found on the web reply forms.

You have received one or more of the following EQA distributions for examination by your routine protocol.

Scheme Name	Distribution Number	Specimen number/s	Clinical details/requests	Specimen Type	Closing date
General bacteriology	4474				29-Apr-19
		4966	Recurrent sore throat in a 24-year old female. Query significant pathogens	Throat swab	
		4967	Otitis media in an eldery nursing home resident. Query significant pathogens	Ear swab	
		4968	Profuse watery diarrhoea. Query intestinal pathogens	Faeces	
Antimicrobial susceptibility	4475				29-Apr-19
		4969	Acinetobacter baumannii complex from blood. Report on antimicrobial susceptibility testing	Sensitivity	
		4970	Staphylococcus aureus from blood. Report on antimicrobial susceptibility testing	Sensitivity	
Blood donor screen	4476				22-Apr-19
		4971	Screen for HBsAg, anti-HBc, HCV Ag/Ab, HIV 1/2 Ag/Ab, anti-HTLV I/II and anti-Treponema pallidum	Serum	
		4972	Screen for HBsAg, anti-HBc, HCV Ag/Ab, HIV 1/2 Ag/Ab, anti-HTLV I/II and anti-Treponema pallidum	Serum	
		4973	Screen for HBsAg, anti-HBc, HCV Ag/Ab, HIV 1/2 Ag/Ab, anti-HTLV I/II and anti-Treponema pallidum	Serum	
Anti-HBS detection	4477				29-Apr-19
		4974	Please report on the presence of anti-HBs	Serum	
		4975	Please report on the presence of anti-HBs	Serum	
		4976	Please report on the presence of anti-HBs	Serum	
		4977	Please report on the presence of anti-HBs	Serum	
		4978	Please report on the presence of anti-HBs	Serum	
		4979	Please report on the presence of anti-HBs	Serum	
Hepatitis C RNA detection	4478				06-May-19
		4980	Please report on HCV qualitative, RNA viral load (log IU/mL or IU/mL) and genotype testing	Plasma	
		4981	Please report on HCV quantitative, RNA viral load (log IU/mL or IU/mL) and genotype testing	Plasma	
AAFB microscopy	4479				29-Apr-19
		4982	Sputum smear. Examine for AAFB	Sputum	
		4983	Sputum smear. Examine for AAFB	Sputum	
		4984	Sputum smear. Examine for AAFB	Sputum	
		4985	Sputum smear. Examine for AAFB	Sputum	
Diagnostic serology hepatitis	4480				29-Apr-19
		4986	Please report on presence of markers of acute infection due to HAV, CMV and EBV	Serum	
		4987	Please report on presence of markers of acute infection due to HAV, CMV and EBV	Serum	
		4988	Please report on presence of markers of acute infection due to HAV, CMV and EBV	Serum	

Scheme Name	Distribution Number	Specimen number/s	Clinical details/requests	Specimen Type	Closing date
Mycobacteria (molecular)	4481				03-Jun-19
		4989	Simulated purulent sputum. Using routine molecular detection methods for direct and/or post culture testing, report on (i) the presence / absence of mycobacteria (ii) species (iii) typing and (iv) resistance to rifampicin, if tested in lab	Sputum	
		4990	Simulated purulent sputum. Using routine molecular detection methods for direct and/or post culture testing, report on (i) the presence / absence of mycobacteria (ii) species (iii) typing and (iv) resistance to rifampicin, if tested in lab	Sputum	
Mycobacterium culture	4482				03-Jun-19
		4991	Culture and report presence / absence of mycobacteria	Sputum	
		4992	Culture and report presence / absence of mycobacteria	Sputum	
		4993	Culture and report presence / absence of mycobacteria	Sputum	
		4994	Culture and report presence / absence of mycobacteria	Sputum	
Immunity screen	4483				29-Apr-19
		4995	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
		4996	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
		4997	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
		4998	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
		4999	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
		5000	Please report on the presence of HAV, CMV and VZV IgG (or total antibody)	Serum	
Toxoplasma serology	4484				29-Apr-19
		5001	35 year old female. 20 weeks pregnant and routine ultrasound scan at 20 weeks showed polyhydramnios.	Serum	
		5002	24 year old female. 12 weeks pregnant. Midwife requested toxoplasma screening as contact with cat litter without wearing gloves 4 weeks ago.	Serum	
		5003	32 year old female. 10 weeks pregnant. Patient is concerned about toxoplasmosisas she has eaten undercooked lamb 2 weeks ago.	Serum	
Parasite serology	4485				29-Apr-19
		5004	Examine for Schistosoma antibodies	Serum	
		5005	Examine for Amoeba antibodies	Serum	
		5006	Examine for Hydatid antibodies	Serum	
		5007	Examine for Toxocara antibodies	Serum	
		5008	Examine for Strongyloides antibodies	Serum	
		5009	Examine for Trypanosoma cruzi antibodies	Serum	
Bacterial identification	4657				22-Apr-19
		5513	For isolation and identification	Blood	

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Microbiology

These simulated specimens may contain virulent pathogenic organisms of any category other than hazard group 4

Safety Notes

- All EQA samples may contain fully virulent organisms other than those of hazard group 4
- These samples must be handled with the same degree of care as equivalent clinical samples and by the same appropriately qualified and supervised staff
- Safeguards should be included to protect at-risk members of staff
- Local and national safety guidelines and regulations must be followed
- Containment facilities used must be those appropriate to similar clinical samples. As with clinical samples it may be necessary to transfer organisms from containment level 2 to 3 during processing once preliminary tests suggest the presence of derogated category 3 organisms
- Inspect packages for evidence of breakage and leakage and discard by autoclaving if this is evident
- Follow the instructions below for opening carefully
- In the event of an accident involving exposure of staff contact UK NEQAS (+ 44 (0) 20 8905 9890) in normal working hours or the Colindale Duty Safety Officer (+ 44 (0) 870 084 2000) out of hours and the identity of the pathogens will be revealed

Notice for UK participants
Microorganisms distributed as part of this EQA service are included in the Schedule 5 list of controlled substances. Please be aware that storage of any organisms included in the Schedule 5 list following identification requires registration of your facility with the Home Office.
For further information see: http://www.legislation.gov.uk/ukpga/2001/24/schedule/5

ALL SPECIMENS SHOULD BE HANDLED AS IF CAPABLE OF TRANSMITTING INFECTION

Some distributions will have extra safety information on the outer specimen packaging about handling which must be complied with.

Glass vials with crimp caps:
The vials contain freeze-dried material and should be opened in an exhaust protective cabinet. With the arrow on the plastic flip top pointing away from you, carefully but deliberately pull the flip top up and away from you. When it reaches the far edge, pull downwards and to the right or to the left (depending on whether you are right or left-handed) until the seal separates; then still holding onto the plastic top, gently remove altogether and dispose into a sharps container. Remove the bung carefully and discard. Reconstitute immediately before testing following the scheme specific instructions on the next page.

Glass vials with screw caps:
The vials contain freeze-dried material and should be opened in an exhaust protective cabinet. Remove the outer seal using the serrated tear-off strip. Unscrew the plastic cap and reserve. Remove the bung carefully and discard. Reconstitute immediately before testing following the scheme specific instructions on the next page.

Plastic vials:
Specimens of serum/plasma or liquid specimens.

Glass slides:
Slides prepared from clinically treated material have been fixed for safety reasons.

Additional safety information can be found on the website:
http://www.uknegasmicro.org.uk/images/pdf/DOC.0433.pdf

Storage: Although a delay in testing of EQA samples is not recommended, if this is necessary refer to the document in the link: http://www.uknegasmicro.org.uk/images/pdf/DOC.0433.pdf

General information for processing EQA:

- Laboratories will achieve the maximum educational benefit from these specimens if they are treated as nearly as possible as normal patient specimens without non-routine procedures or media being used.
- Record only organisms or findings that you would normally include in your final report.
- If you are unable to examine a specimen state your reasons in the free text box on the web reply form; do not return the specimen.

Please return your results as soon as possible and at the latest by the return date shown on the electronic reply form or enclosed information sheet. Return results via the website: www.uknegasmicro.org.uk

Scheme specific instructions and safety information

Scheme(s)/types	Instructions
Bacteriology isolation, identification and antimicrobial susceptibility schemes	Add 1mL of broth such as nutrient broth, mix gently and allow five minutes for reconstitution. Use a drop from a Pasteur pipette or dipped swab as the inoculum before plating out onto the appropriate media ***Clostridium difficile* assays**: Reconstitute as above then follow the manufacturer's instructions for liquid faecal sample **MRSA screening:** Molecular users should use 1 mL of water or their kit's sample buffer to reconstitute the specimens. Then take a 100µL sample volume (which represents the swab), and add to your standard specimen lysis medium, then test by your routine molecular methods. Unused reconstituted sample may be frozen in case further investigation is required; alternatively a repeat sample can be requested.
Bacterial Identification scheme	On receipt, the screw capped universal tube containing liquid bacterial suspension should be mixed well to ensure homogeneity. Use a drop from a Pasteur pipette or dipped swab as the inoculum before plating out onto the appropriate media. Laboratories will achieve the maximum educational benefit from these specimens if they are treated as nearly as possible as routine procedures or media being used. Organisms isolated should be identified only to the level normally attempted in your laboratory.
Mycobacterium culture, Molecular detection of Mycobacteria **MUST BE HANDLED AT CONTAINMENT LEVEL 3**	The specimens have been prepared to provide a finished product that has some of the physical characteristics of purulent sputum. The materials used to make the samples provide, on reconstitution, a viscous product. However, the nature of the medium is such that on reconstitution the pellet does not dissolve rapidly or easily. **It is important therefore that these instructions for reconstitution and dilution are followed precisely**. Reconstitute the contents of the vial with **1 mL** of nutrient broth, and leave for **five** minutes. The nature of the material means that it may not be possible to fully dissolve the pellet. Transfer all of the contents of the vial into the next diluent which may be either a digestive or decontamination agent, depending on your individual laboratory method.
Mycology and antifungal susceptibility	On receipt, the screw capped micro tubes containing liquid spore suspension should be mixed well (do not vortex), to ensure homogeneity. Use two drops (equivalent to 80 µL) from a Pasteur pipette to inoculate each of the four quadrants on a plate, or on a slope of media routinely used for cultivation. All mycology specimens contain a fungus. Therefore, if there is no growth after your laboratory's standard incubation period, use the remaining contents of the micro tube to inoculate fresh media. Spore suspensions to be stored at room temperature.
Serological schemes	It is recommended that users of automated systems centrifuge specimens prior to analysis.
Urinary antigens, Fungal biomarkers and Cryptococcal antigen detection	Follow manufacturer's instructions for the type of specimen being tested.
Virus identification	Simulated specimens for virus identification. These are in either of the following formats: 1. Liquid transport medium: these specimens do not contain cells suitable for direct examination by IF. 2. Gelatin-containing transport medium: these specimens contain cells which may be infected with viruses. The cells may be extracted for direct examination by immunofluorescence and/or for identification by PCR and/or by cell culture by melting the gelatin at 37°C, adding phosphate buffered saline or other suitable buffer and centrifuging (or your normal procedure for nasopharyngeal aspirates).
HIV1 RNA quantification, HBV DNA quantification, Hepatitis C RNA detection, HEV RNA detection, Molecular detection of respiratory viruses	Pipette **1.2mL** RNase-free water into the vial and replace the screw cap. Mix gently and allow five minutes for reconstitution. Vortex specimen. Withdraw your normal sample volume and test by your routine method(s).
CMV DNA quantification, Molecular detection of viruses in CSF EBV DNA quantification Molecular and rapid diagnosis of Malaria	Pipette **0.5mL** RNase-free water into the vial and replace the screw cap. Mix gently and allow five minutes for reconstitution. Vortex specimen. Withdraw your normal sample volume and test by your routine method(s). **Molecular and rapid diagnosis of Malaria:** Pipette **0.5mL** RNase free water for molecular or 0.5mL sterile water for malaria rapid into the vial, mix gently and allow five minutes for reconstitution. Withdraw your normal sample volume and test by your routine method(s).
Molecular detection of *Chlamydia trachomatis* and *Neisseria gonorrhoeae*	Simulated specimens can either be one of the following formats: 1. Freeze-dried swab: pipette **0.5mL** molecular grade water into the vial and replace the screw cap. Mix gently and allow five minutes for reconstitution. Vortex specimen. Withdraw a **100µL** sample (which represents the swab) volume, add to your routine specimen/lysis medium, extract and test by your routine method(s) for the markers. 2. Liquid urine: withdraw your normal sample volume and test by your routine method(s).
Viral gastroenteritis	Pipette **1.0mL** RNase-free water into the vial and replace the screw cap. Mix gently and allow five minutes for reconstitution. Vortex specimen. Withdraw your normal sample volume and test by your routine method(s).