NEW YORK STATE DEPARTMENT OF HEALTH Wadsworth Center- Clinical Laboratory Evaluation Program P.O. Box 509

Albany, NY 12201-0509

Signature, Assistant Director

#### **Bacteriology Questionnaire**

Date

Please complete the sections below. The test services reported below will be used to select and grade proficiency testing (PT) samples. Refer to the category descriptions listed on our website for assistance at www.wadsworth.org/clep under "Applications and Forms." Submitting a completed questionnaire as soon possible will enable us to process your application expeditiously and ensure the laboratory is enrolled in PT for the next scheduled test event, if appropriate. Laboratory PFI (if known): \_\_\_ Name and address of laboratory: **Bacteriology Categories GRAM STAINS** Page 2 **RESTRICTED** ANTIGEN DETECTION Group A Streptococcus Page 2 GONORRHEA AND CHLAMYDIA Page 2 THROAT CULTURE Page 2 **URINE CULTURE** Page 2 COMPREHENSIVE Page 4-6 The laboratory director and all responsible assistant directors must sign and print their names below. Add additional spaces as necessary. Print name and CQ code Signature, Director Date

Print name and CQ code

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### Bacteriology – Gram Stains Bacteriology – Restricted

These categories are for laboratories that restrict their testing to the tests indicated below.

Please indicate which tests are performed:	Yes	No
Gram stains		
Gonorrhea and Chlamydia		
Gonorrhea direct detection		
Chlamydia direct detection		
Neisseria gonorrhea culture		
Throat Culture		
Antigen detection		
Group A Streptococcus		

## **Bacteriology – Restricted (Urine Culture)**

This category is for laboratories isolating and identifying bacteria from urine. Identification may range from gram stain reactions to full genus and species identification, as well as antimicrobial susceptibility testing.

Please indicate:	Yes	No
Does your laboratory report only growth/no growth determinations?		
Does your laboratory report only gram reaction determinations with no further identification?		
Does your laboratory perform antibiotic susceptibility testing?		
Does you laboratory perform any organism identification? If yes, please indicate on the following pages, the organisms your laboratory identifies and the level of identification performed by your laboratory. If an organism is not on the provided list, it can be added in the spaces provided at the end of this list. Please note: if your laboratory ever, upon special request, performs an identification which is not routine protocol, then you must include this organism in your list.		

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# Bacteriology - Restricted (Urine Culture) (continued)

Organism		dentification	Exceptions (Ex: r/o Staphylococcus saprophyticus)
	Genus	species	(Ext. 110 Otaphylocobodd Saprophytical)
Acinetobacter	<u> </u>		
Aerococcus	<del>                                     </del>		
Aeromonas	<u> </u>		
Alcaligenes	<u> </u>	<u> </u>	
Bacillus	<u> </u>		
Capnocytophaga	$\perp$		
Cedecea			
Citrobacter			
Comomonas			
Corynebacterium			
Edwardsiella			
Eikenella			
Enterobacter			
Enterococcus			
Escherichia			
Flavobacterium			
Gardnerella			
Hafnia			
Kingella			
Klebsiella	<del>                                     </del>		
Lactobacillus	<del>                                     </del>		
Lactococcus	<del>                                     </del>		
Morganella	+		
Micrococcus	+		
Pantoea	+		
Plesiomonas	<del>                                     </del>		
	+		
Proteus	<del>                                     </del>		
Providencia	+ $+$	$\vdash$	
Pseudomonas	+		
Salmonella	<del>                                     </del>		
Serratia	<u> </u>		
Shigella	<del>                                     </del>		
Staphylococcus aureus	<del>                                     </del>		
Staphylococcus, coagulase negative	+ $+$		
Stenotrophomonas Streptococcus, Group A	<del>                                     </del>		
Streptococcus, Group B	+ $+$		
Streptococcus, Group C	+		
Streptococcus, Group F	+ $H$		
Streptococcus, Group G	<del>                                       </del>		
Additional organisms: (attach additional s	sheet if necessary	<u>,                                    </u>	

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#### **Bacteriology - Comprehensive**

This category is for laboratories that examine any type of clinical specimen for aerobic and/or anaerobic bacteria. These laboratories identify organisms to the genus and species level and may also perform antimicrobial susceptibility testing, molecular assays and direct detection techniques.

Please indicate on the following pages, the organisms your laboratory identifies, the level of identification performed by your laboratory and the specimen sources on which these identifications are routinely performed.

Organism	Lev- Identif	el of ication	Specimen Source											
	Genus	Species	Abcess	Blood culture	Bronchial wash	CSF	Genital	NasoPharyngeal	Sputum	Stool	Throat	Tissue	Urine	Wound
Acinetobacter			П	П	П	П	П	П				П	П	П
Actinobacillus				$\overline{\Box}$		Ī	同		Ī					
Aerococcus			$\overline{\Box}$	一		一	同		同				百	一
Aeromonas			百	$\overline{\Box}$	同	$\overline{\Box}$	同	百	同	一	同	同	一	同
Aggregatibacter		$\overline{\Box}$	百	Ħ	同	一	同	Ħ	同	同	同	同	〒	同
Alcaligenes														
Arcanobacterium							靣							
Bacillus														
Bacteroides														
Bifidobacterium														
Bordetella			$\overline{\Box}$				靣							
Burkholderia														
Campylobacter														
Capnocytophaga														
Cardiobacterium														
Chlamydia														
Citrobacter														
Clostridium														
Corynebacterium														
E. coli O157														
Edwardsiella														
Eikenella														
Enterobacter														
Enterococcus														
Erysipelothrix														
Escherichia														
Eubacterium														
Flavobacterium														
Fusobacterium														
Gardnerella														
Haemophilus														
Hafnia														
Helicobacter														

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Organism	Lev- Identif	el of ication	Specimen Source											
	Genus	Species	Abcess	Blood culture	Bronchial wash	CSF	Genital	NasoPharyngeal	Sputum	Stool	Throat	Tissue	Urine	Wound
Kingella														
Klebsiella														
Lactobacillus														
Lactococcus														
Legionella														
Listeria														
Micrococcus														
Moraxella														
(Branhamella)				] [						1				
Morganella		ᆜ	ᆜ	ᆜ	ᆜ		屵	븯	븯	片		ዙ	片	
Neisseria			4	<u> </u>	브	Щ	브	브	브			브	Н	Ш
Ochrobactrum		<u> </u>	$\vdash$	1	片		<u> </u>	븯		屵		片		Щ
Oerskovia		Щ	Щ	<u> </u>		Щ	빝	Н	닏	닏	Щ	Щ	Щ	Щ
Oligella			<u> </u>	ᆜ	片	Щ	Ц	Н		片	Щ	Щ	Ш	Щ
Pasteurella		<u> </u>	Щ	ᆜ	ᆜ	Ш	Ш	Щ	빝	ᄖ	Ш	Щ	Ш	Щ
Pediococcus		Щ.	Щ.	<u> </u>	<u>Ц</u>	Щ	Щ	Щ	닏	닏	Щ	Щ	Щ	Щ
Peptococcus			_	ᆜ	ᆜ	Щ	Ш	Щ	닏	닏	Щ	Щ	Щ	Щ
Peptostreptococcus		$\perp$	ᆜ	ᆜ	$\perp$	Ш	ᆜ	Ш	Ш	닏	Ш	ᆜ	Ш	Щ
Plesiomonas			Щ	Щ	Щ	Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш	Ш
Prevotella								Ш						
Propionibacterium														
Proteus														
Providencia														
Pseudomonas														
Rhodococcus														
Salmonella														
Serratia														
Shigella														
Staphylococcus aureus														
Staphylococcus,														
coagulase negative Stenotrophomonas								$\overline{\Box}$						
Streptococcus Group A	H	$\vdash$	H	屵	H	H	H	H	H	H	H	H	H	H
Streptococcus Group B	H	屵	H	上	H	H	붐	H	H	H	片	H	片	H
Streptococcus Group C	H	$\dashv$	$\dashv$	上	H	H	H	H	H	H	H	H	H	H
Streptococcus Group F			H	十	H	H	H	H	片	╁┼	H	片	H	H
Streptococcus Group F Streptococcus Group G	<del>     </del>	片	H	1	H	H	H	H	片	ዙ	H	片	H	H
Streptococcus Group G Streptococcus, non beta		] [		] [	] [					1				
hemolytic			$\sqcup$		Ш	$\sqcup$	$\sqcup$	Ш	Ш	╙	$\sqcup$	$\sqcup$	Ш	╙
Streptococcus pneumoniae														
Vibrio														

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Organism	Leve Identifi			Specimen Source												
	Genus	Species	Abcess	Blood culture	Bronchial wash	CSF	Genital	NasoPharyngeal	Sputum	Stool	Throat	Tissue	Urine	Wound		
Xanthomonas																
Yersinia																
Additional information Please indicate: Does your laboratory serogy Does your laboratory performation MOLECULAR DETECTION Does your laboratory use in lifyes, please list the organian approved. Attach additional For any test offered that is the Test Approval section of has been submitted.	group Shorm C. di orm Shiggorm urina orm antig orm direct N molecula nism(s) a al sheets	nigella? ifficile to: a toxin to ury antiguen deter en deter en detecti ur diagno and syste as nece	esting en test ction test on t	on stoo ing for ests for ests for chniquesed. I	Legior Camp Group Chlamy es for indicate d Drug th.org/	nella? ylobac A Stre dia? dentific wheth Admir	eation? ner the nistratio	□Y systen on (FDA ceptab	n is FD A), plea le to su	A appr ase rev	oved o	subm on mate	ission ( erials a	n-house	es listed question	under
Organism and Speci	men Sou	urce			od / Cor name a				ite		DA roved		In-hous	se deve	loped	=

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