



PC-1033

**119<sup>th</sup> IAMM EQAS Microbiology: Bacteriology/ Serology  
CMC MICRO EQAS**

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**FEBRUARY 2025**

**119<sup>th</sup> EQAS – SEROLOGY**

**MEMBER ID:**



**Last date for receiving reports: 30<sup>th</sup> APRIL, 2025**

**Instructions:**

1. Each individual serum sample to be reconstituted with **0.6ml** of sterile distilled water / deionized water.
2. Please perform required tests and send your results as per the attached tabular format.
3. You are instructed to fill up each column; as this information will be used for assessing your performance.
4. **Do not use tick marks and encircle where ever necessary**
5. Please perform C-reactive protein (CRP) & Syphilis Serology assay on the three serum specimens provided as specified.
6. **C-reactive protein (CRP) levels should be expressed only in mg/L; if other units are used, it will be marked as incorrect.**
7. Separate sheets are provided for entering the results.
8. **Evaluation format for Serology:**

**a. Qualitative (2 marks for each serum)**

- Result have to be given as Positive or Negative only
- Correct interpretation: Full marks (2 marks)
- Wrong Interpretation: Zero mark (0 mark)

**b. Semi quantitative / Quantitative (2 marks for each serum)**

We will assess by robust analysis (as per **ISO: 13528:2015**) using participants results for different peer groups (Nephelometry, Turbidimetry, etc.,) and marking format as based on Z & Z' score, which is as given below.

**Z & Z' score system for Values**

<b>Z &amp; Z' Score</b>	<b>Category</b>	<b>Marks for values</b>
$\leq 2$	Correct	2 marks
$>2$ but $< 3$	Partially correct	1 mark
$\geq 3$	Incorrect	0 mark

Note: As multiple assays have been requested for SE3, kindly mark 'ND' if the assay is not performed at your centre.

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

**SE1: C-reactive protein (CRP)**

**SE1: Serum specimen from 52-year female with acute febrile illness with rash.**

S.no	Subject	C-reactive protein (CRP)		Result mg/L*
1	Method	Qualitative	Latex agglutination	Positive / Negative
		Semi Quantitative	Latex agglutination	mg/L
		Quantitative	Nephelometry	mg/L
			Turbidimetry	< 5 mg/L
			ELISA	mg/L
			CLIA	mg/L
			Others:	mg/L
2	Your Normal Range	< 5 mg/L		
3	Name of the kit used	CRP -		
4	Manufacturer (Name, City, Country)	BECKMAN COULTER		
5	Lot No.	2579		
6	Expiry date of kit	September 25		
7	Automation used	Yes / No		
8	If yes, give details of Automation used	Model: BECKMAN COULTER  Manufacturer:  City: Country: USA,		

\*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**

**SE2: C-reactive protein (CRP)**

**SE2: Serum specimen from 40-year male with acute febrile illness.**

S.no	Subject	C-reactive protein (CRP)		Result mg/L*	
1	Method	Qualitative	Latex agglutination	Positive / Negative	
		Semi Quantitative	Latex agglutination	mg/L	
			Quantitative	Nephelometry	mg/L
				Turbidimetry	78.1 mg/L
				ELISA	mg/L
				CLIA	mg/L
		Others:	mg/L		
2	Your Normal Range	< 5 mg/L			
3	Name of the kit used	CRP			
4	Manufacturer (Name, City, Country)	Beckman Coulter, USA.			
5	Lot No.	2579			
6	Expiry date of kit	September - 25			
7	Automation used	<input checked="" type="checkbox"/> Yes / <input type="checkbox"/> No			
8	If yes, give details of Automation used	Model:	Beckman Coulter		
		Manufacturer:			
		City:	Country: USA.		

\*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**

**SE3. Syphilis Serology**

**SE3: Serum specimen from 26-year old pregnant woman in 1<sup>st</sup> trimester.**

S. no	Subject	Syphilis Serology			
		RPR / VDRL	TPHA	Syphilis ELISA	Other Test
1	Result	NON REACTIVE			
2	Units/ Dilution	< 1:1 diln.			
3	Name of the kit used	RECKON - RPR.			
4	Manufacturer Name	RECKON.			
	City	VADODARA.			
	Country	INDIA.			
5	Lot No.	24H X 77 V.			
6	Expiry date of kit	JULY 2026.			
7	Automation used	Yes / <u>No</u>	Yes / No	Yes / No	Yes / No
8	If yes, give details of Automation used	Model:  Manufacturer:  City:  Country:	Model:  Manufacturer:  City:  Country:	Model:  Manufacturer:  City:  Country:	Model:  Manufacturer:  City:  Country:

**Laboratory / Institution Name:**

**Date of Dispatch:**

22/06/2025

**Authorized signatory:**

**Signature:**

*Sadiya*

**Name:**

DR. SADIYA SULTANA