

TEST REPORT

**INTERLABORATORY COMPARISON STUDY ON TYPING OF
SALMONELLA STRAINS AND ANTIMICROBIAL SUSCEPTIBILITY
TESTING 2005**

**TENTH STUDY FOR THE NATIONAL REFERENCE
LABORATORIES AND SEVENTH FOR THE
ENTERNET LABORATORIES**

Laboratory code	
Name contact person	
Name of laboratory	
Name department and/or institute	
Address	
Country	
Is your laboratory accredited/certified and according to which system ?	Serotyping: Yes/No System:..... Phagotyping: Yes/No System:..... Antimicrobial susceptibility testing: Yes/No System:.....
If you are not yet accredited/certified are you planning to do so in the near future ?	Yes/No System:.....

Please write your remarks and comments on page 9 of the test report !!

GENERAL QUESTIONS

Shipment of serotyping strains	
Was your parcel damaged at arrival ?	NO YES
Date of receipt at your laboratory	

Shipment of phagotyping strains	
Was your parcel damaged at arrival ?	NO YES
Date of receipt at your laboratory	

Subculturing

Medium used for subculturing the strains	Name..... Manufacturer.....
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QUESTIONS SEROTYPING

<p>What was the frequency of serotyping of <i>Salmonella</i> at your laboratory in 2004 ?</p>	<p>Daily Once a week Twice a week Thrice a week Weekly Monthly</p>
<p>How many <i>Salmonella</i> strains did your laboratory serotype in 2004 ?</p>	<p>Number of strains:.....</p>
<p>What kind of sera do you use ?</p>	<p>Prepared in own laboratory Commercial sera Manufacturer(s):</p>
<p>The strains in this collaborative study were serotyped by:</p>	<p>Own laboratory, Strain.....</p> <p>Other laboratory, namely..... Strains:.....</p>

TEST RESULTS SEROTYPING

Labcode	
Starting date of serotyping	
Finishing date of serotyping	

Strain no.	O-antigens detected	H-antigens detected	Serovar
S-1			
S-2			
S-3			
S-4			
S-5			
S-6			
S-7			
S-8			
S-9			
S-10			
S-11			
S-12			
S-13			
S-14			
S-15			
S-16			
S-17			
S-18			
S-19			
S-20			

QUESTIONS PHAGE TYPING

<p>Does your laboratory perform phage typing of the following strains ?</p>	<p><i>Salmonella</i> Typhimurium <i>Salmonella</i> Enteritidis Other(s):</p>
<p>Which typing system is used for:</p>	<p><i>Salmonella</i> Typhimurium <i>Salmonella</i> Enteritidis </p>
<p>How many strains did your laboratory phage type in 2004 ?</p>	<p>Number of strains.....</p>

TEST RESULTS PHAGETYPING

<p>Labcode</p>	<p>.....</p>
<p>Starting date of typing</p>	<p></p>
<p>Finishing date of typing</p>	<p></p>

		Phages reactions at Routine Test Dilution (<i>S. Enteritidis</i>)															
QA number	Phage type	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
E1																	
E2																	
E3																	
E4																	
E5																	
E6																	
E7																	
E8																	
E9																	
E10																	

TEST RESULTS PHAGETYPING

Labcode	
Starting date of phagetyping	
Finishing date of phagetyping	

		Phages at Routine Test Dilution (<i>S. Typhimurium</i>)																	
QA number	Phage type	1	2	3	4	5	6	7	8	10	11	12	13	14	15	16	17	18	19
M11																			
M12																			
M13																			
M14																			
M15																			
M16																			
M17																			
M18																			
M19																			
M20																			

		Phages at Routine Test Dilution (<i>S. Typhimurium</i>)												Additional phages					
QA number	Phage type	20	21	22	23	24	25	26	27	28	29	32	35	1	2	3	10	10 var	18
M11																			
M12																			
M13																			
M14																			
M15																			
M16																			
M17																			
M18																			
M19																			
M20																			

O*: O pooled
 (<)CL: clear lysis
 (<)OL: opaque lysis
 SCL: semi confluent lysis
 << : Merging plaques towards semi-confluent lysis

QUESTIONS ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

Which standard method for antimicrobial susceptibility testing do you use ?	Disc:
	MIC:
Which control strain(s) do you use ?	Disc:
	MIC:
What is the concentration of the inoculum in bacteria per ml ?	Disc:
	MIC:
How many strains were tested for susceptibility in your lab in 2004 ?	

Please fill in the table below which antibiotics you used in this comparison study ?

Antibiotic	Abbreviat.	Disc load (μg)	Manufacturer	Breakpoints/ interpretive criteria used (R/I/S)	Range used in MIC determination
Amox/clavalunate	AMC				
Ampicillin	AMP				
Cefotaxime	CEF				
Chloramphenicol	CHL				
Ciprofloxacin	CIP				
Florfenicol	FLO				
Gentamicin	GEN				
Kanamycin	KAN				
Nalidixic Acid	NAL				
Neomycin	NEO				
Streptomycin	STR				
Sulphamethoxazole +Trimethoprim	SXT				
Sulphonamide	SUL				
Trimethoprim	TMP				

RESULTS ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

Labcode	
Starting date of AST	
Finishing date of AST	

Please fill in the diameter of the inhibition zones in mm if your method is disc diffusion and the MIC-value if your method of choice is the Minimal Inhibition Concentration and include your interpretation according to your criteria between brackets (R, I, or S)

Antibiotic	AST-1	AST-2	AST-3	AST-4	AST-5	AST-6	AST-7	AST-8	AST-9	AST-10	ATCC 25922
AMC											
AMP											
CEF											
CHL											
CIP											
FLO											
GEN											
KAN											
NAL											
NEO											
STR											
SXT											
SUL											
TMP											

REMARKS AND COMMENTS

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Name of person(s) carrying out the typing	
Date and signature	

Name of person in charge	
Date and signature	