

**TEST REPORT**  
**INTERLABORATORY COMPARISON STUDY ON THE**  
**DETECTION OF *SALMONELLA* spp. IN CHICKEN FAECES**  
**organised by CRL-Salmonella**

STUDY XIII- 2010

Laboratory code	
Laboratory name (NRL)	
Address	
Country	
Date of arrival of the parcels	Date: ..... - ..... – 2010 time: ..... h ..... min
Start time of storage at - 20 °C (capsules)	Date: ..... - ..... – 2010 time: ..... h ..... min
Start time of storage at +5 °C (faeces)	Date: ..... - ..... – 2010 time: ..... h ..... min
Parcels damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Starting date testing	..... - ..... – 2010

Is your laboratory accredited according to ISO 17025, or planning to become accredited, for the determination of <i>Salmonella</i> ? For which <i>Salmonella</i> method(s) and matrices are you, or planning to become, accredited? *According to EC Regulations No. 882/2004 each NRL should be accredited for their relevant work field before 31 December 2009 (EC Regulation No. 2076/2005)	Accredited : <input type="checkbox"/> Yes <input type="checkbox"/> No Planning : <input type="checkbox"/> Yes <input type="checkbox"/> No Time schedule: <input type="checkbox"/> Accreditation in 2010* <input type="checkbox"/> Other..... Method : <input type="checkbox"/> ISO 6579 (RVS and MKTTn), matrices: <input type="checkbox"/> Annex D of ISO 6579 (MSRV), matrices: <input type="checkbox"/> Other..... matrices:
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**PRE-ENRICHMENT – Buffered Peptone Water (BPW) (I)**

**Medium information BPW**

What did you use to prepare the BPW?

- Individual ingredients  
 Dehydrated medium  
 Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of BPW**

Name manufacturer and medium

Code number

Batch number

Expire date

**Specific data of composition of BPW medium. What is the concentration of the following compounds in 1000 ml water:**

Enzymatic digest of casein

Sodium chloride

Disodium hydrogen phosphate dodecahydrate  
 (Na<sub>2</sub>HPO<sub>4</sub>·12H<sub>2</sub>O)

Potassium dihydrogen phosphate (KH<sub>2</sub>PO<sub>4</sub>)

**Preparation of BPW**

Date of preparation ..... - ..... - 2010

pH after preparation ....., measured at ..... °C

pH at the day of use ....., measured at ..... °C

Did you perform quality control of BPW?  
 yes  
 no

**PRE-ENRICHMENT – Buffered Peptone Water (BPW) (II)**

**Prewarming time and temperature of the BPW (overnight)**

Start at	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End at	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C

**Incubation time and temperature for dissolving the capsules (45 min)**

Start at	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End at	time: ..... h ..... min temperature incubator: ..... °C

**Incubation time and temperature for pre-enrichment (18 ± 2) hrs  
after adding the faeces**

Start at	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End at	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C

**SELECTIVE ENRICHMENT - Modified Semi solid Rappaport Vassiliadis medium (MSRV) (I)**

**Medium information MSRV**

What did you use to prepare the MSRV?

- Individual ingredients  
 Dehydrated medium  
 Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of MSRV**

Name manufacturer and medium	
Code number	
Batch number	
Expire date	

**Specific data of composition of MSRV medium. What is the concentration of the following compounds in 1000 ml water:**

Enzymatic digest of casein	
Acid hydrolysate of casein	
Sodium chloride (NaCl)	
Potassium dihydrogen phosphate (KH <sub>2</sub> PO <sub>4</sub> )	
Magnesium chloride anhydrous (MgCl <sub>2</sub> )	
Malachite green oxalate	
Agar	
Novobiocin	

**Preparation of MSRV**

Date of preparation	..... - ..... - 2010
pH after preparation	....., measured at ..... °C
pH at the day of use	....., measured at ..... °C
Did you perform quality control of MSRV?	<input type="checkbox"/> yes <input type="checkbox"/> no

**SELECTIVE ENRICHMENT - Modified Semi solid Rappaport Vassiliadis medium (MSRV) (II)**

<b>Incubation time and temperature for selective enrichment</b>	
Start of the first period (first 24 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End of the first period (first 24 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
Start of the second period (48 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End of the second period (48 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C

**OWN SELECTIVE ENRICHMENT - Selective medium, routinely used in your laboratory (optional) (I)**

**If you use more selective media, please write these on an annex.**

Medium:

**Medium information**

What did you use to prepare the medium?

- Individual ingredients  
 Dehydrated medium  
 Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of the medium**

Name manufacturer and medium

Code number

Batch number

Expire date

**Specific data of composition of the medium. What is the concentration of the compounds in 1000 ml water:**


**Preparation of the medium**

Date of preparation

..... - ..... - 2010

pH after preparation

....., measured at ..... °C

pH at the day of use

....., measured at ..... °C

Did you perform quality control of the medium?

yes      no

**OWN SELECTIVE ENRICHMENT - Selective medium, routinely used in your laboratory (optional) (II)**

**Further details concerning the medium**

Volume of the medium per jar/tube in ml	
Inoculation volume of BPW	
Prescribed incubation temperature in °C	

**Incubation time and temperature for own selective enrichment**

Start of the first period (first 24 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End of the first period (first 24 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
Start of the second period (48 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C
End of the second period (48 h)	Date: ..... - ..... - 2010 time: ..... h ..... min temperature incubator: ..... °C

**FIRST AND SECOND ISOLATION - Xylose Lysine Desoxycholate medium (XLD) (I)**

**Medium information XLD**

What did you use to prepare the XLD ?

- Individual ingredients
- Dehydrated medium
- Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of XLD**

Name manufacturer and medium	
Code number	
Batch number	
Expire date	

**Specific data of composition of XLD medium. What is the concentration of the following compounds in 1000 ml water:**

Xylose	
L-lysine hydrochloride	
Lactose	
Sucrose	
Sodium chloride (NaCl)	
Yeast extract powder	
Phenol red	
Agar	
Sodium desoxycholate	
Sodium thiosulfate	
Iron(III) ammonium citrate	



**FIRST AND SECOND ISOLATION - Xylose Lysine Desoxycholate medium (XLD) (II)**

**Size of petri dishes**

Size of petri dishes used       90 mm       100 mm       140 mm

**Preparation of XLD**

Date of preparation ..... - ..... - 2010

pH after preparation ....., measured at ..... °C

pH at the day of use ....., measured at ..... °C

Did you perform quality control of XLD ?       yes       no

**Incubation time and temperature for isolation**

Start incubation of XLD,  
inoculated from 24 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

End incubation of XLD,  
inoculated from 24 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

Start incubation of XLD,  
inoculated from 48 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

End incubation of XLD,  
inoculated from 48 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

**FIRST AND SECOND ISOLATION – Second Isolation medium. (I)**

**Give information on the second isolation medium.**

Name of the medium

Prescribed incubation temperature in °C

**Medium information of the second isolation medium**

What did you use to prepare the second isolation medium?

- Individual ingredients
- Dehydrated medium
- Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of the second isolation medium**

Name manufacturer and medium

Code number

Batch number

Expire date

**Specific data of composition of the second isolation medium. What is the concentration of the compounds in 1000 ml water:**


**FIRST AND SECOND ISOLATION – Second Isolation medium. (II)**

**Size of petri dishes**

Size of petri dishes used       90 mm       100 mm       140 mm

**Preparation of the second isolation medium**

Date of preparation ..... - ..... - 2010

pH after preparation ..... , measured at ..... °C

pH at the day of use ..... , measured at ..... °C

Did you perform quality control ?       yes       no

**Incubation time and temperature for isolation**

Start incubation of second medium,  
inoculated from 24 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

End incubation of second medium,  
inoculated from 24 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

Start incubation of second medium,  
inoculated from 48 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

End incubation of second medium,  
inoculated from 48 h MSR V      Date: ..... - ..... - 2010  
time: ..... h ..... min  
temperature incubator: ..... °C

**FIRST AND SECOND ISOLATION – Own Isolation medium routinely used  
 In your laboratory (optional) (I)**

**If you use more selective media, please write these on an annex.**

Name of the medium	
Prescribed incubation temperature in °C	

**Medium information of your own medium**

What did you use to prepare your own medium ?

- Individual ingredients
- Dehydrated medium
- Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the  
 manufacturer of your own medium**

Name manufacturer and medium	
Code number	
Batch number	
Expire date	

**Specific data of composition of your own medium. What is the concentration of the  
 compounds in 1000 ml water:**




**CONFIRMATION – Nutrient agar**

**Did you streak the colonies on Nutrient agar before starting confirmation?**

yes                       no    If yes give further information on nutrient agar below

**Medium information Nutrient agar**

What did you use to prepare the nutrient agar ?

- Individual ingredients  
 Dehydrated medium  
 Ready-to-use medium

**In case of dehydrated or ready-to-use medium , give information on the manufacturer of the nutrient agar**

Name manufacturer and medium	
Code number	
Batch number	
Expire date	

**CONFIRMATION of *Salmonella* suspect colonies**

**What media/test did you use for confirmation ?**

- Biochemical:  Triple sugar/iron agar (TSI)  
 Urea Agar (UA)  
 L-Lysine decarboxylation medium (LDC)  
 Galactosidase  
 Voges-Proskauer (VP)  
 Indole  
 Identification kit name of the kit : .....
- Other : .....

- Serotyping:  O antigen  H antigen  Vi antigen  
 Other : .....

- Other confirmation test : .....

**DETECTION BY PCR**

**General questions**

Is the PCR used commercially available ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, give name of PCR, manufacturer and batch used in the study:	
Is the PCR validated ? If yes, for which matrix/matrices and by whom?	<input type="checkbox"/> Yes Matrices :..... Validated by :..... <input type="checkbox"/> No
How many samples did you test for <i>Salmonella</i> using this PCR in 2009 ?	
At what moment did you start with the extraction/detection?	<input type="checkbox"/> before pre-enrichment in BPW <input type="checkbox"/> after pre-enrichment in BPW <input type="checkbox"/> after selective enrichment on MSR/V <input type="checkbox"/> other ..... (please complete)
Volume of (pre-)enrichment broth used for extraction	.....
Volume of DNA-sample obtained from extraction	.....
Volume of DNA-sample added to PCR-mixture	.....

**Composition of PCR-mixture**

Compound	Volume per sample	Manufacturer and batch of specific compound

Name of thermocycler	
Number of cycles	
What kind of detection system is used	



Table 1: Results of isolation using **MSRV** (dish numbers A1-A4)

sample no.	MSRV 24 hours						MSRV 48 hours					
	XLD		Second isolation medium		Own isolation medium		XLD		Second isolation medium		Own isolation medium	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
A1												
A2												
A3												
A4												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*

Table 1 (continued): Results of isolation using **MSRV** (dish numbers B1-B25)

sample no.	MSRV 24 hours						MSRV 48 hours					
	XLD		Second isolation medium		Own isolation medium		XLD		Second isolation medium		Own isolation medium	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
B1												
B2												
B3												
B4												
B5												
B6												
B7												
B8												
B9												
B10												
B11												
B12												
B13												
B14												
B15												
B16												
B17												
B18												
B19												
B20												
B21												
B22												
B23												
B24												
B25												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*

Table 1 (continued): Results of isolation using **MSRV** (dish numbers C1-C9)

sample no.	MSRV 24 hours						MSRV 48 hours					
	XLD		Second isolation medium		Own isolation medium		XLD		Second isolation medium		Own isolation medium	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
C1												
C2												
C3												
C4												
C5												
C6												
C7												
C8												
C9												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*

Table 2: Results of isolation using **OWN** selective enrichment medium  
 (dish numbers A1-A4)

sample no.	Own * 24 hours						Own * 48 hours					
	XLD		*		*		XLD		*		*	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
A1												
A2												
A3												
A4												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*  
 \* = fill in the name of the medium used

Table 2 (continued): Results of isolation using **OWN** selective enrichment medium  
 (dish numbers B1-B25) \* = fill in the name of the medium used

sample no.	Own * 24 hours						Own * 48 hours					
	XLD		*		*		XLD		*		*	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
B1												
B2												
B3												
B4												
B5												
B6												
B7												
B8												
B9												
B10												
B11												
B12												
B13												
B14												
B15												
B16												
B17												
B18												
B19												
B20												
B21												
B22												
B23												
B24												
B25												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*

Table 2 (continued): Results of isolation using **Own** selective enrichment medium  
 (dish numbers C1-C9)

sample no.	Own * 24 hours						Own * 48 hours					
	XLD		*		*		XLD		*		*	
	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>	Col <sup>a</sup>	Sal <sup>b</sup>
C1												
C2												
C3												
C4												
C5												
C6												
C7												
C8												
C9												

Col<sup>a</sup> = **number** of colonies used for confirmation  
 Sal<sup>b</sup> = **number** of colonies confirmed as *Salmonella*  
 \* = fill in the name of the medium used

Table 3: Results of detection using PCR (sample numbers A1-A4, B1-B25 & C1-C9)

PCR + or -					
sample no.		sample no.		sample no.	
A1		B1		C1	
A2		B2		C2	
A3		B3		C3	
A4		B4		C4	
		B5		C5	
		B6		C6	
		B7		C7	
		B8		C8	
		B9		C9	
		B10			
		B11			
		B12			
		B13			
		B14			
		B15			
		B16			
		B17			
		B18			
		B19			
		B20			
		B21			
		B22			
		B23			
		B24			
		B25			

Comment(s) on operational details that might have influenced the test results:
(Empty space for comments)

Name of person (s) carrying out the thirteenth veterinary interlaboratory Comparison study (2010).	
Is the person(s) carrying out the thirteenth veterinary interlaboratory Comparison study (2010) working in the laboratory of the NRL mentioned on page 1?	<input type="checkbox"/> YES <input type="checkbox"/> NO give more information of the laboratory carrying out the study :  Laboratory name .....  Address .....  Is this laboratory accredited for the determination of <i>Salmonella</i> . <input type="checkbox"/> YES <span style="float: right;"><input type="checkbox"/> NO</span>
Date and signature	

Name of person in charge of the NRL. When not NRL (see page 1) mention also the name of the laboratory.	
Date and signature	



Please send the completed test report before 2 April 2010, by email to CRL-*Salmonella*. If the test report is e-mailed to the CRL it is not necessary to sent the original test report as well, unless it is not legible (to be indicated by CRL-*Salmonella*).

Use the address below:

Angelina Kuijpers

E-mail : [Angelina.Kuijpers@rivm.nl](mailto:Angelina.Kuijpers@rivm.nl)

CRL *Salmonella* (internal Pb 63)

RIVM / LZO

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<http://www.rivm.nl/crلسalmonella>