

**COLLABORATIVE STUDY (VIII, 2003)
ORGANISED BY CRL *SALMONELLA***

TEST REPORT

**COLLABORATIVE TYPING STUDY OF
SALMONELLA STRAINS AND ANTIMICROBIAL
SUSCEPTIBILITY TESTING**

**(EIGHTH FOR THE NATIONAL REFERENCE
LABORATORIES AND FIFTH FOR THE
ENTERNET LABORATORIES)**

Laboratory code	
Name contact person	
Name of laboratory	
Name department and/or institute	
Address	
Country	

**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

..... - - 2003

Shipment of phagetyping strains

Was your parcel damaged at arrival ?

☐ NO

☐ YES

Date of receipt at your laboratory

..... - - 2003

Subculturing

Medium used for subculturing the strains

Name.....

Manufacturer.....

QUESTIONS SEROTYPING

<p>What was the frequency of serotyping of <i>Salmonella</i> at your laboratory in 2002 ?</p>	<ul style="list-style-type: none"> ☐ Daily ☐ Once a week ☐ Twice a week ☐ Thrice a week ☐ Weekly ☐ Monthly
<p>How many <i>Salmonella</i> strains did your laboratory serotype in 2002 ?</p>	<p>Number of strains:.....</p>
<p>What kind of sera do you use ?</p>	<ul style="list-style-type: none"> ☐ Prepared in own laboratory ☐ Commercial sera <p>Manufacturer(s):</p>
<p>Is your laboratory the veterinary or human reference laboratory for typing <i>Salmonella</i> strains in your country ?</p>	<ul style="list-style-type: none"> ☐ YES, Veterinary ☐ YES, Human ☐ YES, Both ☐ NO, the name and address of the reference laboratory is:.....
<p>The strains in this collaborative study were serotyped by:</p>	<ul style="list-style-type: none"> ☐ Own laboratory, Strain..... ☐ Other laboratory, namely..... Strains:.....

TEST RESULTS SEROTYPING

LABCODE
Starting date of serotyping - - 2003
Finishing date of serotyping - - 2003

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>	<ul style="list-style-type: none"> ☛ <i>Salmonella</i> Typhimurium ☛ <i>Salmonella</i> Enteritidis ☛ Other(s).....
<p>Which typing system is used for:</p>	<ul style="list-style-type: none"> ☛ <i>Salmonella</i> Typhimurium ☛ <i>Salmonella</i> Enteritidis
<p>How many strains did your laboratory phage type in 2002 ?</p>	<p>Number of strains.....</p>

TEST RESULTS PHAGETYPING

<p>LABCODE</p>	<p>.....</p>
<p>Starting date of typing</p>	<p>..... - - 2002</p>
<p>Finishing date of typing</p>	<p>..... - - 2002</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 - - 2003
Finishing date of phagetyping - - 2003

		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	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)

What is/are the name(s) of your control strain(s) ?	
What is the size of the inoculum in bacteria per ml ?	
What is the name and manufacturer of the agar medium you use for susceptibility testing ? (for labs testing with discs)	
What is the pre-diffusion time and temperature you use (time between transferring the bacteria to the plate and bringing the discs on the plate) ? (for labs testing with discs)	
For how many strains was the antimicrobial susceptibility tested in your lab in 2002 ?	

Which antibiotics did you use in this collaborative study ?

Antibiotic	Abbreviation	Manufacturer	Batch number	Disc Load in $\mu\text{g/ml}$	MIC Range
Ampicillin	AMP				
Chloramphenicol	CHL				
Cefotaxime	CEF				
Ciprofloxacin	CIP				
Gentamicin	GEN				
Kanamycin	KAN				
Nalidixic Acid	NAL				
Neomycin	NEO				
Streptomycin	STR				
Sulfamethoxazole + Trimethoprim	SXT				
Tetracyclin	TET				
Trimethoprim	TMP				

RESULTS ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST)

LABCODE
Starting date of AST - - 2003
Finishing date of AST - - 2003

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.

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

REMARKS AND COMMENTS

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

Name of person in charge	
Date and signature	