Meetansh Biotech Private Limited is the ONLY Commercial Distributor for UKNEQAS for Microbiology, London based Microbiology Quality Assurance Service Provider Laboratory, in India.

UK NEQAS for Microbiology, operated by Public Health England, is a UKAS accredited Proficiency Testing Provider No. 4715.

UK NEQAS for Microbiology provides external quality assessment for clinical laboratories that carry out examinations in; General bacteriology, Virology, Serological testing, Blood donor testing (blood borne viruses and syphilis) and Parasitology

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For more details contact us on +91 99692 12341
E mail : info@meetanshbiotech.com
Visit
www.meetanshbiotech.com  www.ukneqasmicro.org.uk

UK NEQAS for Microbiology
An International Quality Assessment Service for Microbiology
Why choose UK NEQAS?

The UK NEQAS for Microbiology offers a number of features and benefits:

**Professionally lead and educational service**
- The service is organised by professional microbiologists all with clinical laboratory experience - Participants receive realistic challenges and relevant advice on problems
- Senior staff of sufficient calibre to recognise opportunities and develop the service
- The service is subject to input from and scrutiny by UK professional associations - Ensures that the service is professionally relevant to participants' laboratories
- The emphasis of the service is on education rather than on licensing - Participants receive more interesting and professionally satisfying EQA specimens

**Comprehensive**
- A comprehensive service covering most areas of clinical microbiology - Enrolment in UK NEQAS will satisfy all EQA requirements of most participants
- Each area of microbiology is covered by individual schemes - Participants can enrol in any combination of schemes and thus pay only for what they wish to receive
- High frequency of distributions - Allows participants to regularly monitor the quality of their procedures
- Micro-organisms distributed include some important pathogens infrequently isolated in many countries - Allows participants to be sure that they are capable of recognising ‘imported’ infections
- Wherever possible material used is recently derived from clinical sources - Provides a more realistic and relevant challenge to participants’ methods as material reflects recent epidemiology and that strains are not laboratory adapted

**Reliable**
- Established for nearly 40 years - Long experience in providing reliable, realistic EQA specimens and useful analysis of participants’ results
- Specimens are subjected to extensive characterisation and quality control before release - Ensures that participants receive reliable, stable and homogeneous material
- Accredited for ISO/IEC 17043 - Conformity assessment - General requirements for Proficiency Testing. See United Kingdom Accreditation Service website for full details.

**International participant base**
- Widely used in Europe – Participation demonstrates an internationally recognised commitment to quality
- Country specific performance is provided when more than 10 laboratories participate - Allows participants to compare their individual results with the national consensus

**Customer focussed**
- Free repeat specimens available on request together with previously distributed specimens and strains - Allows participants to investigate and resolve problems revealed by the scheme
- Individual performance data provided after each distribution with historical information on request - Allows participants to monitor current and recurring problems
- Minimum delay between the close of distributions and issue of reports (intended results displayed on the internet from the day after distribution closing dates) - Allows participants to investigate problems soon after discovery
- The internet site allows participants to submit their results electronically and to view distribution reports and digital images where relevant.
**Schemes Available**

<table>
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<th><strong>Bacteriology</strong></th>
<th><strong>Parasitology</strong></th>
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<tbody>
<tr>
<td>AAFB microscopy</td>
<td>Blood parasitology</td>
</tr>
<tr>
<td>Antimicrobial susceptibility</td>
<td>Faecal parasitology</td>
</tr>
<tr>
<td><em>C. difficile</em></td>
<td>Malaria rapid</td>
</tr>
</tbody>
</table>
| Community medicine | Molecular detection of malaria
| Faecal pathogens (Overseas only)*1 | Parasite serology |
| General bacteriology | Toxoplasma serology*
| General bacteriology & Antimicrobial susceptibility |  |
| Genital pathogens |  |
| MRSA screening |  |
| Mycobacteria culture |  |
| Syphilis serology |  |
| Urinary antigens |  |

<table>
<thead>
<tr>
<th><strong>Molecular</strong></th>
<th><strong>Parasitology Teaching Scheme</strong></th>
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<tbody>
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<td>Blood programme</td>
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<td>EBV DNA quantification</td>
<td>Faecal programme</td>
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<td>HBV DNA quantification</td>
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<tr>
<td>Hepatitis C RNA detection*2</td>
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<tr>
<td>HIV1 RNA quantification</td>
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<tr>
<td>Molecular detection of <em>C. trachomatis</em> &amp; <em>N. gonorrhoeae</em></td>
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<td>Molecular detection of HPV</td>
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<tr>
<td>Molecular detection of mycobacteria</td>
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<tr>
<td>Molecular detection of viruses in CSF*3</td>
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</table>

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<tr>
<th><strong>Mycology</strong></th>
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<tbody>
<tr>
<td>Mycology culture</td>
<td></td>
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<tr>
<td>Antifungal susceptibility</td>
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</tr>
</tbody>
</table>

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1 Includes legionella and pneumococcal antigens
2 Qualitative detection, quantitation and genotype
3 Detection of HSV DNA, VZV DNA and Enterovirus RNA
4 Includes Toxoplasma IgM, IgG and avidity
5 Blood Borne viruses includes screening for HBsAg, HIV Ag/Ab and HCV Ag/Ab (6 distributions)
6 Blood Donor screen includes screening for HBsAg, anti-HBc, HIV Ag/Ab, HCV Ag/Ab, anti-HTLV/II and *T. pallidum*
7 New for 2016-17: Parvovirus B19 and Rubella serology includes Parvovirus B19 IgM/IgG and Rubella IgM/IgG serology
8 Hepatitis screen includes HAV IgM, CMV IgM, acute EBV markers
9 Detection of IgG antibodies to HAV, CMV and VZV
10 Suitable for both nucleic acid and antigen detection methods
11 Trial distribution suitable for participants new to EQA participation
12 New for 2016-17: molecular detection of malaria nucleic acid

Please see UKAS Reference No. 4715 for full schedule of accreditation for Microbiology
Please see UKAS Reference No. 7512 for full schedule of accreditation for Parasitology
EQA Overview: the basics

REGISTRATION PROCESS

UK NEQAS Microbiology Laboratory

- Publish information about the schemes
  1. On the website: www.ukneqasmicro.org.uk (new participants)
  2. Through annual re-registration forms on the secure area of the website (existing participants)

- Provide
  1. A unique laboratory identification number and password for the secure area of the website (new participants)
  2. A certificate of annual registration (all participants)

- Web reply forms are populated with your test methods

Participants

- Select and register for your desired EQA scheme

- Register your test methods (new participants) or changes to current registered methods (existing participants)

- Contact our Operations team and register

TESTING PROCESS

- UK NEQAS lab actions in purple boxes, participants actions in orange boxes

Prepare specimens

- An email is sent to inform you before your specimens are sent

Receive specimen package

Test the EQA sample as a patient sample

- Each EQA sample is uniquely numbered for easy identification

Report your results

- Submit the results on time using the secure website
- Sample due dates are provided in a number of places including the distribution information sheet provided with the specimens and on the website

- Submit your results in a timely manner

Receive participant results

- Close distribution

Publish intended results on the day following closing of the distribution.

- Analyse all participant results

- Compare your results against the intended result

- Securely access your laboratory specific report online

- Review your confidential distribution report

- Implement any necessary corrective measures based on laboratory performance

- Continue process for entire distribution cycle

- Provide record sheets on request to your accreditation body

- Individual laboratory record sheets are published at the end of the annual cycle

- An email is sent to inform you when your report is available
- Reports include performance assessment over time. This is equivalent to a certificate of achievement as it shows your performance over the EQA distribution cycle
- Country specific results are included in reports for a country with 10 or more participants

- Contact the organiser for help with troubleshooting or repeat specimens
EQA Overview: the benefits of participation in an EQA scheme

Benefits of participation are:

- Provides laboratory management with an insight into their performance
- Improves both national and local standards
- Reveals unsuspected areas of difficulty
- Provides an educational stimulus for improvement
- Acts as a check on the efficacy of internal quality control procedures
- Demonstrates to colleagues and customers a commitment to quality
- Provides method performance evaluation (scheme dependent)
- Provides independent evidence of performance for accreditation bodies

*EQA is an educational tool that allows participants to monitor, evaluate and improve their own performance*
Frequently Asked Questions (FAQs)

**Introduction**

The UK National External Quality Assessment Service for Microbiology (UK NEQAS) is organised from the External Quality Assurance Department (eQAD) within Public Health England. UK NEQAS was established in 1971 and provides a comprehensive quality assessment service to in excess of 1660 clinical microbiology laboratories in the UK and abroad and is recognised throughout Europe and beyond as a major contributor to quality assurance in clinical diagnostic microbiology.

The scheme is educational in design and provides participants with a wide range of specimens and constructive feedback. The quality assessment service allows participants to monitor the effectiveness of their quality assurance measures and to detect and remedy problems, thus allowing continuing quality improvement.

Please contact us if you have any further questions.

**Q. What areas of microbiology are covered?**

The schemes cover bacteriology, mycology, parasitology and virology for a range of technologies including molecular, serology, culture and microscopy.

**Q. What type of specimens are covered by the schemes?**

The majority of specimens are straightforward and correspond to those likely to be found in clinical practice. Occasionally, more challenging specimens may be distributed for educational purposes or where recognition of an unusual pathogen may be of importance to the patient or community. New types of specimens are introduced into the repertoire from time to time and participants are notified when these become available.

**Q. How does the service work?**

Specimens are prepared in the organising laboratory and distributed to participants with reply forms. Approximately 12 dispatches are made each year and participants receive samples for whatever specimen types they are registered for. The frequency of distribution types ranges from twice a year to 12 times a year. Participants examine the specimens in their laboratory and report their findings to the Organiser through the web (or fax if necessary). Replies are analysed and participants receive an individual report which includes the overall results for the distribution.

**Q. How reliable are the specimens?**

The specimens are subjected to rigorous quality control in the organising laboratory. Stringent manufacturing practices, past experience with the stability of the specimens and sampling of the batch within UK NEQAS provides good assurance that a participant will not receive an unrepresentative specimen.

**Q. How long do I have for testing? What is the timescale for reporting?**

For most distribution types three weeks are allowed between the UK dispatch date and return of results.

**Q. How can I return my results?**

Results can be returned electronically using a web form on the secure area of the website.

**Q. When will I find out how well I did?**

Intended results are available on the day following the close of the distribution and accessed through the secure area of the website.

**Q. How can I see my reports?**

Electronic copies of reports are accessible on the secure area of the UK NEQAS website.
Q. When will I find out how well other laboratories performed?
Reports are usually available within 10 working days of the close of the distribution.

Q. What is the secure area of the website?
The secure area of the website is accessed by entering your unique laboratory identifier code and password. This area is used for results entry and access to reports and other information specific to your laboratory. For guidance please see http://www.ukneqasmicro.org.uk/pdf/w032.pdf

Q. What happens if I do not get the expected result?
Repeat samples (free of charge) are provided on request. Participants are encouraged to contact us for advice.

Q. Why has my performance rating gone down even though I achieved a full score for this distribution?
The performance rating is calculated relative to the performance of other participants. Therefore if the mean score for the other participants has gone up your performance rating will go down.

Q. What is the period of membership?
Membership of the scheme starts 1st April each year and continues until 31st March in the next year. If a participant joins part way through the annual period, a reduced fee may be payable reflecting the number of samples to be supplied for that part year.

Q. What liability do participants of the schemes have?
Participants of the scheme have entire responsibility for all samples distributed to them under the scheme and all activities carried out by them or any third party in relation to the samples from the time of delivery of the samples.

Q. Are the schemes accredited?
UK NEQAS for Microbiology is accredited for the provision of proficiency testing schemes by the United Kingdom Accreditation Service against ISO/IEC 17043:2010.

Q. What benefits can participants expect?
- Free repeat specimens are available on request together with previous distributed specimens and strains, thus allowing participants to monitor current and recurring problems.
- Country specific performance is provided when more than 10 laboratories participate, therefore participants can benchmark against their national standard.
- The quality and frequency of distributions (especially in general bacteriology, blood borne viruses and parasitology) consolidates quality practice. Participants receive reliable, homogeneous material as specimens are subjected to extensive characterisation and quality control before release for testing.
- Dissemination of results via the secure website allows participants to investigate problems immediately.
- Tight scrutiny by and input from UK professional microbiologists ensures relevance to participating clinical laboratories.

Please contact us if you need more information or have any other queries about UK NEQAS.

The Organiser
UK NEQAS for Microbiology
P.O. Box 63003
London NW9 1GH
Tel: +44 (0)20 8905 9890
Fax: +44 (0)20 8205 1488
Email: organiser@ukneqasmicro.org.uk
Web: http://www.ukneqasmicro.org.uk
Dear Shân

Renewal of Accreditation for:

Standard: ISO/IEC 17043:2010 - PT Schemes
Project Number: 101535-03
Project Name: 2016 Re-assessment
Accr Exp Date: 31/10/2020

Following the re-assessment of your organisation, we are pleased to inform you that all findings requiring evidence of improvement actions to be submitted to UKAS are now satisfactorily cleared and that your accreditation is renewed. Renewal beyond the expiry date will be dependent upon the successful completion of a re-assessment, including clearance of any improvement actions within an agreed timescale.

Please find enclosed our estimate of the effort required to maintain your accreditation over the next four years. Any outstanding invoices for clearance of improvement actions will follow.

Your current scope of accreditation is shown on your schedule (issue 6) that will be available shortly from our website www.ukas.com. Please contact your Customer Liaison Officer in the event of any difficulty in downloading the schedule.

Our next visit is planned for May 2017 and we will contact you nearer the time to make arrangements.

If you want to extend your scope in the future please contact us to discuss your application and the timeframes that you need to obtain accreditation because the extension to scope process can often take several months to complete. You are reminded that you are required to inform UKAS of any changes that may affect your accreditation or compliance with the accreditation requirements.

Yours sincerely

John Abbiss
Section Head - AFLA
PROFICIENCY TESTING PROVIDER
No. 4715

UK NEQAS for Microbiology, operated by the Health Protection Agency

is accredited in accordance with the recognised International guide ISO/IEC 17043:2010 - Conformity assessment - General requirements for proficiency testing

This accreditation demonstrates technical competence for a defined scope as detailed in and at the locations specified in the schedule to this certificate.

The schedule to this certificate is an essential accreditation document and from time to time may be revised and reissued by the United Kingdom Accreditation Service. The most recent issue of the schedule of accreditation, which bears the same accreditation number as this certificate, is available from the UKAS website www.ukas.com.

This accreditation is subject to continuing conformity with United Kingdom Accreditation Service requirements. The absence of a schedule on the UKAS website indicates that the accreditation is no longer in force.

Accreditation Manager, United Kingdom Accreditation Service

Initial Accreditation date
14 November 2012

This certificate issued on
14 November 2012

UKAS is appointed as the sole national accreditation body for the UK by The Accreditation Regulations 2009 (SI No 3155/2009) and operates under a Memorandum of Understanding (MoU) with the Department for Business, Innovation and Skills (BIS).
**Schedule of Accreditation**

**issued by**

**United Kingdom Accreditation Service**
21 - 47 High Street, Feltham, Middlesex, TW13 4UN, UK

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<table>
<thead>
<tr>
<th><strong>Materials/Products</strong></th>
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<th><strong>Scheme Protocols/Procedures/Techniques Used</strong></th>
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</thead>
<tbody>
<tr>
<td>Liquid human serum</td>
<td>Blood borne viruses (Hepatitis B surface antigen, Hepatitis C antibody, Human Immunodeficiency virus antibody)</td>
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<tr>
<td>Liquid human serum</td>
<td>Diagnostic Serology - Exanthem Screen (Detection of Rubella IgM, Erythrovirus B19 IgM, anti-streptolysin 0 and anti-DNase B antibodies)</td>
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<tr>
<td>Liquid human serum</td>
<td>Diagnostic serology - Acute hepatitis screen (Detection of HAV IgM, EBV IgM, CMV IgM)</td>
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<tr>
<td>Liquid human serum</td>
<td>Hepatitis B serology (Detection of Anti-HBc and anti-HBe antibodies, HBs and HBe antigens: hepatitis B surface antigen, (HBsAg)</td>
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<td>Human serum</td>
<td>Hepatitis C serology (Detection of HCV antibody)</td>
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<tr>
<td>Human serum</td>
<td>HIV serology (Detection of HIV antibody)</td>
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<td>Human serum</td>
<td>HIV Point of Care (Detection of HIV antibody/antigen)</td>
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<tr>
<td>Materials/Products</td>
<td>Scheme Name/Type of Test/Properties Measured</td>
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<tr>
<td>Human serum</td>
<td><strong>Serology schemes (cont’d)</strong></td>
<td>Specific scheme details included in 'Directory and Participant Manual -2014-2015 and ‘Scheme introduction’ (cont’d)</td>
</tr>
<tr>
<td></td>
<td>Immunity screen (IDetection of gG antibodies to HAV, CMV IgG and VZV IgG)</td>
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<tr>
<td>Human serum</td>
<td>Measles and Mumps IgG serology-detection</td>
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<td>Human serum</td>
<td>Rubella IgG serology- detection</td>
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<td>Human serum</td>
<td>Syphilis serology (Detection of Treponema pallidum antibody)</td>
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<td>Freeze dried human serum</td>
<td>HBV DNA quantification</td>
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<td>Freeze dried human plasma</td>
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<td>Freeze dried human plasma</td>
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<td>Freeze dried plasma</td>
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<td>Freeze dried plasma</td>
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<td>Cervical cell specimen collected in PreservCyt medium</td>
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<td>Freeze dried simulated CSF</td>
<td>Molecular detection of viruses in CSF (HSV-1 DNA, HSV-2 DNA, VZV DNA), Enteroviruses RNA</td>
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<td>Freeze-dried simulated purulent sputa</td>
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<tr>
<td>Freeze-dried simulated endocervical swab; Liquid urine and/or simulated endocervical</td>
<td>Molecular detection of Chlamydia trachomatis and Neisseria gonorrhoeae DNA</td>
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### Schedule of Accreditation

**Issued by**

**United Kingdom Accreditation Service**

21 - 47 High Street, Feltham, Middlesex, TW13 4UN, UK

**UK NEQAS for Microbiology, operated by Public Health England**

**Issue No:** 004  **Issue date:** 19 September 2014

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Proficiency Tests provided from main address only

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<th>Materials/Products</th>
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<tbody>
<tr>
<td>Slides: unstained fixed sputum smears</td>
<td><strong>Bacteriology schemes</strong></td>
<td>Specific scheme details included in ‘Directory and Participant Manual - 2014-2015 and ‘Scheme introduction’</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>AAFB Microscopy- detection of Mycobacteria by microscopy</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>Community medicine (Bacterial pathogens isolation and identification, and determination of antimicrobial susceptibility of common pathogens)</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>Faecal pathogens (Bacterial pathogens associated with food poisoning for isolation and identification)</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>General Bacteriology (Bacterial pathogens isolation and identification)</td>
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</tr>
<tr>
<td>Freeze-dried organisms</td>
<td>Genital pathogens (Bacterial pathogens and yeasts for isolation, identification and susceptibility - not yeasts)</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>Superficial infections (Bacterial and fungal pathogens for isolation, identification and susceptibility (not fungi))</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>Throat infections (Bacterial and fungal pathogens for isolation, identification and susceptibility (not fungi))</td>
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<tr>
<td>Freeze-dried organisms</td>
<td>Mycobacterium Culture</td>
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<td>Freeze-dried organisms</td>
<td>MRSA Screening (Detection of MRSA by culture, immunological and molecular methods)</td>
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<tr>
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<tr>
<td><strong>Bacteriology schemes</strong> (cont’d)</td>
<td><em>Liquid Human urine</em> Urinary Antigens Legionella serogroup 1 Pneumococcal antigen*</td>
<td><em>Specific scheme details included in ’Directory and Participant Manual – 2014-2015 and ’Scheme introduction’ (cont’d)</em></td>
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<tr>
<td><strong>Freeze dried organisms</strong></td>
<td><em>Anitmicrobial susceptibility (including of detection of specific resistance mechanisms in common pathogens and determination of antimicrobial susceptibility testing by the British Society for Antimicrobial Chemotherapy standard method, results interpreted by EUCAST guidelines)</em></td>
<td></td>
</tr>
<tr>
<td><strong>Mycology schemes</strong></td>
<td><em>Spore suspensions Antifungal susceptibility (primarily in yeasts also some filamentous fungi such as aspergillus)</em></td>
<td><em>Specific scheme details included in ’Directory and Participant Manual – 2014-2015 and ’Scheme introduction’</em></td>
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<tr>
<td><strong>Virology schemes</strong></td>
<td><em>Viruses in viral transport medium Virus identification - by culture, immunofluorosence or molecular assays</em></td>
<td><em>Specific scheme details included in ’Directory and Participant Manual - 2014-2015 and ’Scheme introduction’</em></td>
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END
Schedule of Accreditation
issued by
United Kingdom Accreditation Service
2 Pine Trees, Chertsey Lane, Staines-upon-Thames, TW18 3HR, UK

Public Health England,
operating UK NEQAS for Parasitology

Issue No: 002  Issue date: 29 June 2016

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<th>Activity</th>
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<tbody>
<tr>
<td>% Department of Clinical Parasitology</td>
<td>All aspects of scheme operation and management</td>
<td>A</td>
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<tr>
<td>Hospital for Tropical Diseases</td>
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<td>WC1E 6JB</td>
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<tr>
<td>National Infection Service, Health England, Colindale</td>
<td>Data analysis and reporting</td>
<td>B</td>
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<tr>
<td>61 Colindale Avenue</td>
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<td>London</td>
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<td>NW9 5EQ</td>
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Proficiency Testing provided from the locations specified below
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**Issue No:** 002  **Issue date:** 29 June 2016

Proficiency Tests provided from the locations specified

### DETAIL OF ACCREDITATION

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</tr>
</thead>
<tbody>
<tr>
<td>Methanol fixed, Geimsa stained thin blood films; Acetone fixed, Field's stained thick blood films; Methanol fixed, stained tissue dabs</td>
<td><strong>Blood Parasitology</strong> Examination for the presence of blood parasite stages</td>
<td>See website for details of the scheme <a href="http://ukneqasmicro.org.uk/parasitology/">http://ukneqasmicro.org.uk/parasitology/</a></td>
<td>A, B</td>
</tr>
<tr>
<td>Formalised faecal suspensions for Concentration; Formalised faecal suspensions for direct examination; Stained faecal smears; Formalised cyst fluid for direct examination; Formalised urine for direct examination</td>
<td><strong>Faecal Parasitology</strong> Examination for the presence of faecal parasite stages</td>
<td>See website for details of the scheme <a href="http://ukneqasmicro.org.uk/parasitology/">http://ukneqasmicro.org.uk/parasitology/</a></td>
<td>A, B</td>
</tr>
<tr>
<td>Human serum</td>
<td><strong>Toxoplasma IgG Serology</strong> Detection of Toxoplasma IgG and IgM antibodies and IgG avidity</td>
<td>See website for details of the scheme <a href="http://ukneqasmicro.org.uk/parasitology/">http://ukneqasmicro.org.uk/parasitology/</a></td>
<td>A, B</td>
</tr>
<tr>
<td>Human serum</td>
<td><strong>Parasite Serology</strong> Detection of Schistosoma, Entamoeba histolytica, Echinococcus granulosis, Toxocara, Strongyloides and Trypansoma cruzi antibodies</td>
<td>See website for details of the scheme <a href="http://ukneqasmicro.org.uk/parasitology/">http://ukneqasmicro.org.uk/parasitology/</a></td>
<td>A, B</td>
</tr>
</tbody>
</table>
Proficiency Tests provided from the locations specified

<table>
<thead>
<tr>
<th>Materials/Products</th>
<th>Scheme Name/Type of Test/Properties Measured</th>
<th>Scheme Protocols/Procedures/Techniques Used</th>
<th>Location Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood lysate with wild type of cultured parasites or recombinant antigens</td>
<td><strong>Rapid diagnostic techniques for malaria</strong></td>
<td>See website for details of the scheme</td>
<td>A, B</td>
</tr>
<tr>
<td></td>
<td>Detection of malaria antigens</td>
<td><a href="http://ukneqasmicro.org.uk/parasitology/">http://ukneqasmicro.org.uk/parasitology/</a></td>
<td></td>
</tr>
</tbody>
</table>

END
UK NEQAS for Microbiology and UK NEQAS for Parasitology provide international external quality assessment for clinical laboratories, blood banks, point of care testing centres and other testing sites that carry out examinations in:

- **General bacteriology** and **Mycology**
- **Virology**
- **Serological testing**: Bacteriology and Virology
- **Blood donor testing**: Blood borne viruses and syphilis
- **Parasitology**

Various methods including culture, microscopic identification, serology, point of care and molecular testing are catered for. Specimens are designed to simulate clinical samples and allow participants to use their routine assays.

Further information is available for:
- The basics and benefits of external quality assessment
- Report formats and information provided in the reports
- Distribution policy, participant responsibilities and performance monitoring
### Bacteriology Schemes

These schemes are suitable for all clinical diagnostic laboratories that undertake routine bacteriology, isolation, identification, microscopy and susceptibility testing.

There are also some schemes designed to cater for those laboratories carrying out molecular testing.

UK NEQAS for Microbiology, operated by Public Health England, is a UKAS accredited Proficiency Testing Provider No. 4715. Please see the schedule for details.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Examinations</th>
<th>Sample format</th>
<th>No. of distributions per year</th>
<th>No. of samples per distribution</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAFB microcopy</strong></td>
<td>Presence and absence of AAFB bacilli using ZN or immunofluorescence</td>
<td>Fixed smear of sputum</td>
<td>3</td>
<td>4</td>
<td>Presence or absence of AAFB bacilli</td>
</tr>
<tr>
<td><strong>Antimicrobial susceptibility</strong></td>
<td>Identification and determination of antimicrobial susceptibilities to the appropriate antibiotics</td>
<td>Freeze dried pure cultures</td>
<td>12</td>
<td>2</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens Susceptibility profile results interpreted as susceptible, intermediate and resistant</td>
</tr>
<tr>
<td><strong>Clostridium difficile</strong></td>
<td>Detection of toxigenic Clostridium difficile</td>
<td>Simulated freeze dried liquid faecal samples</td>
<td>4</td>
<td>2</td>
<td>Presence of toxigenic C. difficile and/or toxin</td>
</tr>
<tr>
<td><strong>Community medicine</strong></td>
<td>Isolation and identification of bacterial pathogens</td>
<td>Two freeze dried clinical specimens for identification and two freeze dried pure cultures for susceptibility</td>
<td>4</td>
<td>4</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens Susceptibility profile results interpreted as susceptible, intermediate and resistant</td>
</tr>
<tr>
<td><strong>Faecal pathogens</strong></td>
<td>Isolation and identification</td>
<td>Simulated freeze dried faecal specimens</td>
<td>1</td>
<td>4</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens</td>
</tr>
<tr>
<td><strong>General bacteriology</strong></td>
<td>Isolation and identification of bacterial pathogens</td>
<td>Simulated freeze dried clinical specimens</td>
<td>12</td>
<td>3</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens</td>
</tr>
<tr>
<td><strong>Genital pathogens</strong></td>
<td>Isolation, identification, and if appropriate determination of antimicrobial susceptibilities</td>
<td>Simulated freeze dried genital clinical specimens</td>
<td>3</td>
<td>2</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens Susceptibility profile results interpreted as susceptible, intermediate and resistant</td>
</tr>
<tr>
<td><strong>Molecular detection and resistance testing of mycobacteria</strong></td>
<td>Direct and post culture detection of mycobacteria and rifampicin resistance genes using molecular methods</td>
<td>Freeze dried simulated sputum</td>
<td>3</td>
<td>2</td>
<td>Presence or absence of Mycobacteria and rifampicin resistance</td>
</tr>
<tr>
<td>Scheme</td>
<td>Examinations</td>
<td>Sample format</td>
<td>No. of distributions per year</td>
<td>No. of samples per distribution</td>
<td>Scoring</td>
</tr>
<tr>
<td>--------</td>
<td>--------------</td>
<td>---------------</td>
<td>-------------------------------</td>
<td>-------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Molecular detection of <em>Chlamydia trachomatis</em> &amp; <em>Neisseria gonorrhoeae</em></td>
<td>Detection of <em>Chlamydia trachomatis</em> &amp; <em>Neisseria gonorrhoeae</em></td>
<td>Simulated vaginal swab and urine</td>
<td>3</td>
<td>4</td>
<td>Presence or absence of <em>Chlamydia trachomatis</em> &amp; <em>Neisseria gonorrhoeae</em></td>
</tr>
<tr>
<td>MRSA screening</td>
<td>Detection of MRSA by culture and molecular method</td>
<td>Simulated freeze dried clinical specimens</td>
<td>4</td>
<td>2</td>
<td>Presence or absence of MRSA</td>
</tr>
<tr>
<td>Mycobacterium culture</td>
<td>Detection of mycobacteria by culture</td>
<td>Freeze dried simulated sputum</td>
<td>3</td>
<td>4</td>
<td>Presence or absence of <em>Mycobacterium</em> sp.</td>
</tr>
<tr>
<td>Urinary antigens</td>
<td>Detection of <em>Legionella pneumophila</em> and <em>pneumococcal</em> antigens in urine</td>
<td>Urine</td>
<td>3</td>
<td>3</td>
<td>Presence or absence of <em>Legionella pneumophila</em> and <em>pneumococcal</em> antigens</td>
</tr>
</tbody>
</table>
The parasitology schemes provide a variety of methods and specimen formats to cover several parasites and methods of detection. The ranges of parasites in the faecal specimens include helminth ova and larvae, protozoan cysts and oocysts and in the blood specimens, malaria parasites, microfilariae, trypanosomes and Leishmania. In addition to the EQA specimens, teaching programmes are available for both blood and faecal parasitology.

Public Health England, operating UK NEQAS for Parasitology, is a UKAS accredited Proficiency Testing Provider No. 7512. Please see the schedule for details.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Examinations</th>
<th>Sample format</th>
<th>No. of distributions per year</th>
<th>No. of samples per distribution</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood parasitology</td>
<td>Microscopic examination for presence of blood and tissue parasites</td>
<td>Blood films on glass slides</td>
<td>8</td>
<td>1</td>
<td>Presence or absence of blood parasites including % parasitaemia for <em>P. falciparum</em></td>
</tr>
<tr>
<td>Faecal parasitology</td>
<td>Examine for ova, cysts and larvae in faecal samples</td>
<td>Formalin fixed suspensions of human faeces, fixed smears and other formats dependent on the parasite</td>
<td>8</td>
<td>2-3</td>
<td>Presence of parasite and stage</td>
</tr>
<tr>
<td>Malaria (Molecular)</td>
<td>Detection of nucleic acid from all malaria species</td>
<td>Lyophilised blood</td>
<td>4</td>
<td>4</td>
<td>Presence or absence of nucleic acid from all 5 species of malaria</td>
</tr>
<tr>
<td>Malaria rapid</td>
<td>Testing for malarial antigen</td>
<td>Lyophilised human blood</td>
<td>2</td>
<td>2</td>
<td>Presence or absence of <em>P. falciparum</em> or other malaria species antigens</td>
</tr>
<tr>
<td>Parasite serology</td>
<td>Detection of antibodies to <em>Strongyloides</em>, <em>Hydatid</em>, <em>Amoeba</em>, <em>Toxocara</em>, <em>T. cruzi</em> and <em>Schistosoma</em></td>
<td>Liquid human serum</td>
<td>4</td>
<td>6</td>
<td>Presence or absence of antibodies to the parasite</td>
</tr>
<tr>
<td>Toxoplasma serology</td>
<td>Detection of IgG and IgM antibodies to <em>Toxoplasma</em> and <em>Toxoplasma</em> IgG avidity</td>
<td>Liquid human serum</td>
<td>4</td>
<td>3</td>
<td>Presence or absence of IgG and IgM antibodies</td>
</tr>
</tbody>
</table>

Parasitology teaching schemes: These teaching schemes are held in various locations within the United Kingdom and Northern Ireland with one course held in the Republic of Ireland. Nine courses each in blood and faecal parasitology are available and carried out through presentations and wet workshops. For new participants, see the website for registration information.
Serology Schemes

These schemes are suited for clinical diagnostic laboratories that undertake tests for microbial antigen or antibody.

The schemes cover a wide variety of serological tests for viruses such as HIV and Hepatitis B, bacteria such as syphilis, and parasites such as toxoplasma. Some of the serological schemes, such as Blood borne viruses or Blood donor screen, are designed for laboratories for blood donor screening whilst others assist with diagnostic testing such as the Acute Hepatitis screen that covers detection of IgM antibodies to HAV, CMV and EBV.

Schemes consist of either single marker or multiple markers, some including the use of confirmatory tests.

General information on scoring: specimens are characterised using a range of assays and are scored when pre-distribution results concur. Participating laboratories are then scored on their ability to obtain the consensus pre-distribution result. Specifics or exceptions for individual schemes are indicated in the Scoring column in the table below.

UK NEQAS for Microbiology, operated by Public Health England, is a UKAS accredited Proficiency Testing Provider No. 4715. Please see the schedule for details.

Click here for Parasitology serology schemes.

<table>
<thead>
<tr>
<th>Scheme</th>
<th>Examinations</th>
<th>Sample format</th>
<th>No. of distributions per year</th>
<th>No. of samples per distribution</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-HBs detection</td>
<td>Determining levels of anti-HBs antibody</td>
<td>Liquid human serum</td>
<td>3</td>
<td>6</td>
<td>Qualitative detection at greater or less than 10 mIU/mL</td>
</tr>
<tr>
<td>Blood donor Screen</td>
<td>HBV surface antigen HBC antibody HCV antigen/antibody HIV antigen/antibody HTLV I/II antibody Treponemal antibody</td>
<td>Liquid human serum</td>
<td>6</td>
<td>3</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Blood borne viruses</td>
<td>HBV surface antigen HCV antigen/antibody</td>
<td>Liquid human serum</td>
<td>6</td>
<td>3</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Diagnostic serology: acute hepatitis</td>
<td>HAV IgM CMV IgM EBV IgM and IgG</td>
<td>Liquid human serum</td>
<td>2</td>
<td>3</td>
<td>Positive or negative for the relevant IgM marker with EBV infection scored on the interpretation of the results for the combination of tests performed by the laboratory</td>
</tr>
<tr>
<td>Hepatitis B serology</td>
<td>Hepatitis B surface antigen Hepatitis B core antibody Hepatitis B core IgM Hepatitis B e antigen Hepatitis B e antibody</td>
<td>Liquid human serum</td>
<td>3</td>
<td>6</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Hepatitis C serology</td>
<td>HCV antibody HCV antigen</td>
<td>Liquid human serum</td>
<td>3</td>
<td>6</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>HIV serology</td>
<td>HIV 1/2 antigen/antibody (screening and confirmatory tests)</td>
<td>Liquid human serum</td>
<td>3</td>
<td>6</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Immunity screen</td>
<td>HAV IgG or total Ab CMV IgG VZV IgG</td>
<td>Liquid human serum</td>
<td>2</td>
<td>6</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Measles and mumps IgG serology</td>
<td>Measles IgG Mumps IgG</td>
<td>Liquid human serum</td>
<td>2</td>
<td>4</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Parvovirus B19 and Rubella serology</td>
<td>Parvovirus B19 IgM/IgG Rubella IgM/IgG</td>
<td>Liquid human serum</td>
<td>2</td>
<td>4</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Rubella IgG serology</td>
<td>Determining levels of Rubella IgG</td>
<td>Liquid human serum</td>
<td>2</td>
<td>6</td>
<td>Qualitative detection at greater or less than 10 IU/mL</td>
</tr>
<tr>
<td>Syphilis serology</td>
<td>Treponema pallidum antibody (agglutination tests, FTA, Immunooassays, Immunoblot and Reagin)</td>
<td>Liquid human serum</td>
<td>2</td>
<td>6</td>
<td>Positive or negative for the relevant marker. Reagin not scored if negative for Reagin but syphilis serology positive</td>
</tr>
</tbody>
</table>
These schemes are suitable for laboratories using molecular methods for the detection of microorganisms.

Molecular schemes are qualitative and/or quantitative and where relevant include genotyping.

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<table>
<thead>
<tr>
<th>Scheme</th>
<th>Examinations</th>
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</tr>
</thead>
<tbody>
<tr>
<td>CMV DNA quantification</td>
<td>CMV DNA quantification</td>
<td>Freeze dried human plasma</td>
<td>3</td>
<td>2</td>
<td>Reported log difference in viral load between the specimen pair</td>
</tr>
<tr>
<td>EBV DNA quantification</td>
<td>EBV DNA quantification</td>
<td>Freeze dried human plasma</td>
<td>3</td>
<td>2</td>
<td>Reported log difference in viral load between the specimen pair</td>
</tr>
<tr>
<td>HBV DNA quantification</td>
<td>HBV DNA quantification</td>
<td>Freeze dried human serum</td>
<td>2</td>
<td>4</td>
<td>Reported log difference in viral load between the specimen pairs</td>
</tr>
<tr>
<td>HCV RNA detection</td>
<td>HCV RNA qualitative detection, quantification and genotyping</td>
<td>Freeze dried human plasma</td>
<td>3</td>
<td>2</td>
<td>Based separately on the relevant markers reported:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Qualitative: presence or absence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Quantitative: detection</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reported log difference in viral load between the specimen pair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Genotyping: correct identification of the virus listed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Presence or absence of Mycobacteria and rifampicin resistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Presence or absence of the virus listed</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Presence or absence of HIV-1 DNA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Presence or absence of HSV-1 DNA, HSV-2 DNA, VZV DNA and Enteroviruses RNA</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Separate score applied to the different methods (culture/molecular)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>based on presence or absence</td>
</tr>
</tbody>
</table>

**Molecular detection of Chlamydia trachomatis & Neisseria gonorrhoeae**

- Detection of *Chlamydia trachomatis* & *Neisseria gonorrhoeae*
  - Simulated liquid urine and vaginal swab
  - 3 samples
  - 4 samples
  - Presence or absence of *Chlamydia trachomatis* & *Neisseria gonorrhoeae*

**Molecular detection of HPV**

- Detecting of HPV high risk genotypes in endocervical specimens and genotyping
  - Endocervical liquid based cytology specimens
  - 3 samples
  - 4 samples
  - Presence or absence of HPV high risk genotypes

**Molecular detection of respiratory viruses**

- Detection of respiratory viruses: influenza viruses, adenoviruses, respiratory syncytial viruses, rhinoviruses, bocavirus, enteroviruses, metapneumovirus, parvoviruses, coronaviruses and parafluenza viruses
  - Freeze dried nasopharyngeal aspirate
  - 3 samples
  - 4 samples
  - Presence or absence of the virus listed

**Molecular detection of viruses in CSF**

- Detection of HSV-1 DNA, HSV-2 DNA, VZV DNA and Enteroviruses RNA
  - Freeze dried simulated cerebrospinal fluid
  - 2 samples
  - 6 samples
  - Presence or absence of HSV-1 DNA, HSV-2 DNA, VZV DNA and Enteroviruses RNA

**MRSA screening**

- Detection of MRSA by culture and/or molecular methods
  - Simulated freeze dried specimen
  - 4 samples
  - 2 samples
  - Separate score applied to the different methods (culture/molecular) based on presence or absence

**Viral gastroenteritis**

- Detection of Norovirus antigen, Rotavirus antigen and Adenovirus 40, 41 antigen
  - 2 samples
  - 4 samples
  - Presence or absence of Norovirus, Rotavirus and Adenovirus 40,41 antigen
These schemes are suited for all clinical diagnostic laboratories that undertake the isolation, identification and assessment of antifungal susceptibility of pathogenic fungi.

The Mycology scheme covers a wide range of fungi and yeasts.

In addition to the common fungal pathogens, rarer organisms are distributed in order to give participants the opportunity to familiarise themselves with them.

These schemes are designed to improve identification of common dermatophytes and progress knowledge of fungi increasingly associated with important infections in the immuno-compromised patient. Images of the candidate isolates produced in the reference laboratory are provided with helpful expert comment.

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<table>
<thead>
<tr>
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<th>No. of samples per distribution</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Antifungal susceptibility</td>
<td>Antifungal susceptibility testing primarily in yeasts but may include some filamentous fungi such as aspergillus</td>
<td>Spore suspension</td>
<td>3</td>
<td>2</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens. Susceptibility profile results interpreted as susceptible, intermediate and resistant</td>
</tr>
<tr>
<td>Fungal Biomarkers</td>
<td>Detection of the galactomannan antigen</td>
<td>Serum, bronchial lavage and/or simulated CSF</td>
<td>3</td>
<td>3</td>
<td>Presence or absence of the galactomannan antigen</td>
</tr>
<tr>
<td>Mycology</td>
<td>Isolation and identification of fungal organisms</td>
<td>Spore suspension</td>
<td>3</td>
<td>4</td>
<td>Organisms are classified as core or advanced with full scores given for species level identification for core pathogens and genus level identification for advanced pathogens</td>
</tr>
</tbody>
</table>

Mycology Teaching Programme: UK NEQAS in its primary role of education has implemented a teaching scheme for mycology. This will be launched in 2017. Click here for more information.
The schemes are suited to care centres that undertake point of care testing for immediate diagnosis of microbiological disorders.

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<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>HIV Point of care</td>
<td>HIV1/2 antibody/antigen screening with point of care testing devices</td>
<td>Liquid human serum</td>
<td>4</td>
<td>2</td>
<td>Positive or negative for the relevant marker</td>
</tr>
<tr>
<td>Respiratory RSV</td>
<td>RSV Ag</td>
<td>Liquid simulated</td>
<td>2</td>
<td>2</td>
<td>Presence or absence of RSV antigen</td>
</tr>
<tr>
<td>Viral Gastroenteritis</td>
<td>Detection of Norovirus antigen, Rotavirus antigen &amp; Adenovirus 40, 41 antigen. NB specimens are also suitable for assays detecting nucleic acid for these three viruses</td>
<td>Freeze dried human faeces</td>
<td>2</td>
<td>4</td>
<td>Presence or absence of Norovirus, Rotavirus and Adenovirus 40,41 antigen</td>
</tr>
</tbody>
</table>
This scheme is suited for all clinical diagnostic laboratories that undertake the identification of viruses from various sample types. Brief clinical details are provided with the specimens which contain live virus in cells or free form depending on the virus. Viruses can be identified directly by molecular methods and by immunofluorescence (when applicable) or identified after inoculation into cell cultures.

The scheme includes viruses that can be routinely isolated in cell cultures:
- *Herpesviridae*, e.g. Herpes simplex virus 1/2 and Cytomegalovirus
- Adenoviruses
- *Orthomyxo- and Paramyxoviridae*, e.g. Influenza viruses, Parainfluenza viruses, Respiratory Syncytial Virus
- Enteroviruses, e.g. Coxsackie viruses and Echoviruses.

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<tr>
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<th>No. of samples per distribution</th>
<th>Scoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virus identification</td>
<td>Report on virus identified using your method of choice according to sample type and clinical scenario</td>
<td>Liquid or viscous transport media</td>
<td>2</td>
<td>4</td>
<td>Identity of virus The score awarded depends on the virus species and/or type/group</td>
</tr>
</tbody>
</table>
### Distribution dates April 2017 - March 2018

UK dispatch dates are shown. Overseas specimens are sent in advance to ensure that participants receive them on or around the UK dispatch date. While every effort is made to adhere to the stated schedule, it may sometimes be necessary to alter the dates of distributions for operational reasons.

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Start Date</th>
<th>End Date</th>
<th>Start Date</th>
<th>End Date</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAFB microscopy</td>
<td>10/04/2017</td>
<td>20/11/2017</td>
<td>Faecal parasitology</td>
<td>08/05/2017</td>
<td>28/08/2017</td>
<td>05/06/2017</td>
</tr>
<tr>
<td>Antifungal susceptibility</td>
<td>05/06/2017</td>
<td>10/04/2017</td>
<td>Molecular detection of <em>C. trachomatis/ N. gonorrhoeae</em></td>
<td>03/07/2017</td>
<td>08/05/2017</td>
<td>23/10/2017</td>
</tr>
<tr>
<td>Anti-HBs detection</td>
<td>25/09/2017</td>
<td>31/07/2017</td>
<td>Faecal pathogens</td>
<td>26/02/2017</td>
<td>10/04/2017</td>
<td>05/06/2017</td>
</tr>
<tr>
<td>Antimicrobial susceptibility</td>
<td>03/07/2017</td>
<td>01/01/2018</td>
<td>General bacteriology</td>
<td>10/04/2017</td>
<td>03/07/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>Blood borne virus</td>
<td>01/01/2018</td>
<td>08/05/2017</td>
<td>HBV DNA quantification</td>
<td>03/07/2017</td>
<td>26/02/2018</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>Blood donor screen</td>
<td>03/07/2017</td>
<td>08/05/2017</td>
<td>HCV RNA detection</td>
<td>10/04/2017</td>
<td>26/02/2018</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>Blood parasitology</td>
<td>09/05/2017</td>
<td>25/09/2017</td>
<td>Hepatitis B serology</td>
<td>20/11/2017</td>
<td>08/05/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>Clostridium difficile</td>
<td>01/01/2018</td>
<td>08/05/2017</td>
<td>Hepatitis C serology</td>
<td>28/08/2017</td>
<td>25/09/2017</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>CMV DNA quantification</td>
<td>06/06/2017</td>
<td>31/07/2017</td>
<td>HIV Point of Care</td>
<td>05/06/2017</td>
<td>31/07/2017</td>
<td>28/08/2017</td>
</tr>
<tr>
<td>Community medicine</td>
<td>06/05/2017</td>
<td>23/10/2017</td>
<td>HIV1 RNA quantification</td>
<td>25/09/2017</td>
<td>28/08/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>Diagnostic serology: hepatitis</td>
<td>08/05/2017</td>
<td>25/09/2017</td>
<td>Immunity screen</td>
<td>08/05/2017</td>
<td>25/09/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>EBV DNA quantification</td>
<td>25/09/2017</td>
<td>01/01/2018</td>
<td>Measles &amp; Mumps IgG serology</td>
<td>05/06/2017</td>
<td>25/09/2017</td>
<td>05/06/2017</td>
</tr>
<tr>
<td>Fungal Biomarkers</td>
<td>01/01/2018</td>
<td>10/04/2017</td>
<td>Syphilis serology</td>
<td>03/07/2017</td>
<td>25/09/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>Genital pathogens</td>
<td>26/02/2018</td>
<td>26/02/2018</td>
<td>Urinary antigens</td>
<td>03/07/2017</td>
<td>25/09/2017</td>
<td>03/07/2017</td>
</tr>
<tr>
<td>HCV RNA detection</td>
<td>01/01/2018</td>
<td>28/08/2017</td>
<td>Viral gastroenteritis</td>
<td>10/04/2017</td>
<td>25/09/2017</td>
<td>25/09/2017</td>
</tr>
<tr>
<td>HIV Point of Care</td>
<td>03/07/2017</td>
<td>03/07/2017</td>
<td>Measles &amp; Mumps IgG serology</td>
<td>01/01/2018</td>
<td>25/09/2017</td>
<td>01/01/2018</td>
</tr>
<tr>
<td>HIV1 RNA quantification</td>
<td>20/11/2017</td>
<td>20/11/2017</td>
<td>Virus identification</td>
<td>03/07/2017</td>
<td>25/09/2017</td>
<td>03/07/2017</td>
</tr>
<tr>
<td>Immunity screen</td>
<td>26/02/2018</td>
<td>26/02/2018</td>
<td>Syphilis serology</td>
<td>20/11/2017</td>
<td>26/02/2018</td>
<td>20/11/2017</td>
</tr>
<tr>
<td>Measles &amp; Mumps IgG serology</td>
<td>03/07/2017</td>
<td>03/07/2017</td>
<td>Toxoplasma serology</td>
<td>26/02/2018</td>
<td>26/02/2018</td>
<td>26/02/2018</td>
</tr>
</tbody>
</table>
Response categories.
Actual response will be stated
(NOTE: Not all response categories may be displayed, especially where a category contains a very small number of participants)

These 12 kits include the most commonly used methods and the method(s) used in your laboratory indicated by an arrow(s).

The figures associated with the histograms and those in the overall results tables may differ
(1) due to exclusion of kits displayed in the histograms resulting in apparently lower numbers of data sets in the histograms or
(2) due to participants using more than one kit resulting in higher numbers of data sets in the histograms.

Warning statement will appear if your score is less than fully correct

Overall results table

Number of participants in each designated category

(NOTE: The data displayed in the first column is country specific. For instance UK participants will only see results for the United Kingdom here. Where there are less than ten participants in a country, only one column will appear displaying results for all participants)
## Antimicrobial susceptibility

### Published: 03/03/2016  
### Expires: NA  
### © UK NEQAS for Microbiology

### Organism: Pseudomonas aeruginosa

### Reference laboratory results

<table>
<thead>
<tr>
<th>Organism antimicrobial combination</th>
<th>Results for your method and guideline combination</th>
<th>Arrow indicates your method</th>
<th>Overall results table</th>
</tr>
</thead>
</table>

### Specimen: 1404

#### Amikacin - specimen 1404

- **Intended result:** susceptible
- **Your guideline:** EUCAST
- **Results by guideline**:
  - **BSAC**: 67 S 0 R 0 % concordance 100%
  - **EUCAST**: 289 S 0 R 0 % concordance 100%
  - **CLSI**: 100 S 0 R 0 % concordance 100%
  - **SRGA**: 4 S 0 R 0 % concordance 100%
  - **All**: 530 S 0 R 0 % concordance 100%
  - **UK**: 170 S 0 R 0 % concordance 100%

#### Ceftazidime - specimen 1404

- **Intended result:** resistant
- **Your guideline:** EUCAST
- **Results by guideline**:
  - **BSAC**: 66 S 0 R 0 % concordance 43.1%
  - **EUCAST**: 72 S 1 R 0 % concordance 79.1%
  - **CLSI**: 62 S 65 R 3 % concordance 15.3%
  - **SRGA**: 1 S 0 R 0 % concordance 80.0%
  - **All**: 202 S 7 R 0 % concordance 126%
  - **UK**: 75 S 2 R 0 % concordance 126%

#### Ciprofloxacin - specimen 1404

- **Intended result:** susceptible
- **Your guideline:** EUCAST
- **Results by guideline**:
  - **BSAC**: 79 S 32 R 6 % concordance 67.2%
  - **EUCAST**: 291 S 53 R 7 % concordance 82.4%
  - **CLSI**: 148 S 6 R 1 % concordance 95.5%
  - **SRGA**: 2 S 0 R 0 % concordance 100%
  - **All**: 514 S 91 R 14 % concordance 83.0%
  - **UK**: 151 S 45 R 7 % concordance 74.4%

---

[UK NEQAS Microbiology]

[Reference laboratory results]

[Results for your method and guideline combination]

[Arrow indicates your method]

[Overall results table]
Two specimens of freeze-dried plasma were dispatched with a request for the quantification of EBV DNA. Specimens 1484 and 1485 consisted of VCA IgG and EBV VCA-IgM positive plasma containing 10000 and 4000 Namibian cells, respectively, with an expected difference of 0.54 log copies/mL.

**Specimen details**

**Quantitative results** for your method (shaded) and all methods

**Difference in viral load between the pair of specimens.** This is the basis for the score

**Overall results table**

**Results by method**
Including median and 5 and 95 percentiles

**Summary of quantitative results**
Using the secure website: reply forms, reports and certificates

General Overview
A link to the service is provided from the UK NEQAS for Microbiology Home page at:
http://www.ukneqasmicro.org.uk
We recommend you use this page rather than going directly to the UK NEQAS main page as this helps you to be aware of any news items.

The UK NEQAS results entry and individual reports are in a protected area of the web site and can only be viewed by entering your LAB ID number and the password.

User ID and Passwords
Your user ID is your Lab ID number. Your initial password will have been sent to you.
You can change your password at any time by clicking on the Change Password button in the Report & Results Selection Page header and following the instructions on the page displayed.
The validation rules for passwords are included in the password notification. Please read these notes and guidance carefully and take note of your responsibility to administer the password.

Different LAB IDs for a different instrument or laboratory? You may also have a LAB ID for a special survey. Each of these IDs is issued with a different password. You can change between the different LAB ID numbers by using the “Switch Lab/ID” button.

United Kingdom National External Quality Assessment Schemes

Interpretative Comments Scheme
If you participate in the Interpretative Comments scheme, this also has a separate User ID and password and is accessible only through http://www.ukneqasmicro.org.uk, Interpretative Comments Login.

Technical Requirements
This is critical when you find that the drop-down and predictive menus for selecting results are not functional in any way. This may also help when you receive an “invalid code” message.
The following steps may require repeating whenever there is ANY change to your system and even if you open another tab
The site has been written specifically for Microsoft Internet Explorer (IE) and some functionality, primarily drop down and predictive menus, may not work in later versions of IE or in other browsers.

Internet Explorer (IE)
1. Use browser menu Tools -> Compatibility View Settings
2. Then add “ukneqas.org.uk” to the list of websites to run in Compatibility mode.

FILEFOX or CHROME
1. Download the latest version of the browser
2. Go to www.ietab.net and download the relevant ‘IE tab’ software for the browser you wish to use
3. Once installed re-start your browser
4. Go to our site www.ukneqasmicro.org.uk
5. For FIREFOX right click on the page and select ‘view page in IE Tab’ and carry on as normal or use browser menu Tools -> IE tab 2 Options. On the “Sites filter” tab, enter “ukneqas.org.uk” in the URL box and click Add.
6. For CHROME click on the IE symbol to the right of the address bar and carry on as normal.
Report & Results Selection page

The opening/home page displayed (see Figure 1) allows you to see your individual reports, general distribution information (e.g. intended results and images) and enter your own results for current distributions.

All the information is driven by the distribution number which defaults to the word “Latest”. This should be selected first from the list before clicking on Report, Dist or Result.

Your individual laboratory report:
Select the distribution number you want. The date shown next to the number is the UK distribution date. Click on . If the report is not available, the message states this.

Report not yet available for Distribution 3890.

The intended results or images:
Select the distribution number you want. The date shown next to the number is the UK distribution date. Click on Dist. Click on the Digital images or Intended results links.

Your laboratory record sheets:
Laboratory record sheets are a record of your results and score for all the specimens distributed in one distribution year (1st April of the year to 31st March of the following year). Click on the Lab button.

Results and Reports

The list always begins with the current re-registration form. The rest of the list is alphabetical. The record sheets are named “MIC [LAB ID] [Scheme abbreviation letters] RSHEET [yyyy-yyyy].pdf. The records go back as far as April 2012 to March 2013. This first year of on-line record sheets is labelled 2013. The following years have both years, e.g. 2013-2014.

Laboratory-specific additional information

Lab: 9999

MIC 9999 REGISTRATION.pdf
MIC 9999_AB_RSHEET_2013-14.pdf
MIC 9999_AF_RSHEET_2013-14.pdf
MIC 9999_AF_RSHEET_2014-2015.pdf
MIC 9999_AS_RSHEET_2013-14.pdf
MIC 9999_AS_RSHEET_2013.pdf

Your registration certificate:
This is the certificate that states which schemes you have registered for at the beginning of the registration year. This is found alphabetically under MIC [LAB ID] REGISTRATION CERTIFICATE [YYYY-YYYY].PDF
Entering your results:
Select the distribution number you want. The date shown next to the number is the UK distribution date. The Front/First page for the results also comments on the status of the results and distribution. It is IMPORTANT that you take note of the status messages:

Any message in RED
This is a warning and will usually state what is wrong. In the example below, the problems are:

* The status shows as NOT submitted whenever you have gone in and changed something or even just clicked in a field to check a result. The system blanks the results it has received before. Therefore you MUST go to the final page and click on SUBMIT.

Once submitted the status information changes to GREEN text stating the date and time results were last submitted. If you do not see this, you MUST go to the “FINAL PAGE” and click on submit.

Disclaimer
Because of the wide variety of hardware and software employed for internet connection and web browsing, Birmingham Quality, the service provider, gives no warranty that the service will be accessible to all registered participants or that the advice given in this document will be suitable for all users of the service. We have tested the service on a number of different platforms and believe that the information provided will be helpful in most situations. If you are in any doubt, please seek help from your local IT personnel before accessing the service.
Acknowledgements

2015 to 2016

We thank members of the Steering Committee, the Antibiotic Susceptibility Specialist Advisory Group, the Virology Specialist Advisory Group, and the National External Quality Assessment Advisory Panel for Microbiology, who all provided advice and support to the Organisers.

Our distributors in various countries deserve special mention for their collaboration in providing a service to participants throughout the year.

We particularly thank all laboratories that assisted in a variety of ways to ensure a continuous service. This help is invaluable to us and it would be impossible to run the Service without such co-operation.

Bacteriology schemes

Provision and testing of isolates for the Bacteriology schemes

- Dr T Morris and colleagues, Anaerobe Reference Laboratory, Public Health Wales Microbiology Cardiff, who provided and characterised anaerobe strains.
- Colleagues in Public Health England (PHE) National Infection Service: Gastrointestinal Bacteria Reference Unit (GBRU), Antimicrobial Resistance and Healthcare Associated Infections Reference Unit (AMRHAI) and Respiratory and Vaccine Preventable Bacteria Reference Unit (RVPBRU), the Sexually Transmitted Bacteria Reference Unit (STBRL) Colindale and Dr Steve Gray, Meningococcal Reference Laboratory, Manchester for the supply of fully characterised strains and provision of confirmatory testing.
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Mycology schemes

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Molecular schemes

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