

C05B MICROBIOLOGICAL IN WATER (PRESENCE/ABSENCE)

1.0 Sample Reception

- 1.1 All breakages and shortages must be reported within 24 hours of sample receipt. Replacement samples will not be available beyond 96 hours of the shipping date.
- 1.2 Store samples at $4\pm 2^{\circ}\text{C}$, preferably in the dark. Samples are stable for at least 96 hours of the shipping date.
- 1.3 The samples are ideally tested around 20°C . If the temperature of the samples is lower than 10°C it is best to leave the samples at room temperature for about 30 minutes to an hour before testing.
- 1.4 Check that all the parameters for which you are registered are correctly identified in the PTC portal.
- 1.5 Inquiries regarding sample shipments and sample preparation may be directed to:

Ms. Esther Kwok
CMPT - UBC Pathology
T: 604-827-1754
F: 604-827-1338
email: cmpt.path@ubc.ca

cc: PT Canada, Program Officer
email: programofficer@PTcanada.org
cc: Ken Middlebrook, PT Canada
email: kmiddlebrook@PTcanada.org

Inquiries should be made by email if possible. Use the Nonconformance Form (see reverse) when sending a fax. When reporting damage upon receipt, please provide a picture of the damaged samples. Please include your PT Canada laboratory number on all correspondence.

2.0 Sample Analysis

- 2.1 Open the sample vial (volume provided ~ 5 ml), mix well and transfer 1 mL to 99 mL of suitable reagent water. Mix well.
- 2.2 Proceed with testing using the routine analytical method identified in your PT Canada application.

3.0 Reporting Results

- 3.1 Results must be reported by midnight of the study deadline in the PTC portal.
- 3.2 Report P (present) or A (absent).
- 3.3 Provide information on method (including media used), incubation time and temperature, date/time analyzed, and date/time received.

4.0 Safety

- 4.1 The PT samples are designed for use by laboratory professionals familiar with environmental samples and potentially hazardous materials.

PT SAMPLE NON-CONFORMANCE FORM C05B

ATTENTION:

Please indicate reception date of proficiency samples_____

Please complete this form if your shipment of water proficiency samples:

| |
|--|
| <input type="checkbox"/> were received >96 hours from shipping date. |
| <input type="checkbox"/> were received damaged |
| <input type="checkbox"/> were received leaking |
| <input type="checkbox"/> were received incomplete, e.g., missing a sample, >1 sample type was received per set |
| # of water proficiency samples affected: _____ (please specify the samples affected) |
| Laboratory Name : _____ Lab No. _____ |
| Laboratory Address _____ |
| City: _____ Prov: _____ PC: _____ |
| Name: (please print) _____ Signature: _____ Date: _____ |