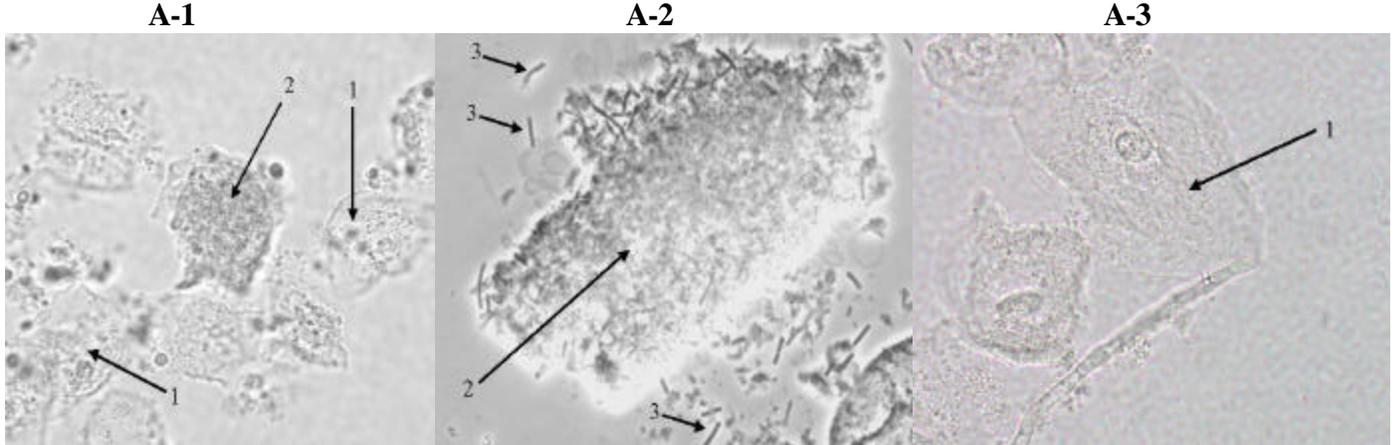


## Wet Mount Proficiency Test 2005 B

Site:		City:
Participant		Date

Identify each numbered item, placing a ° in the appropriate box [ ° ]

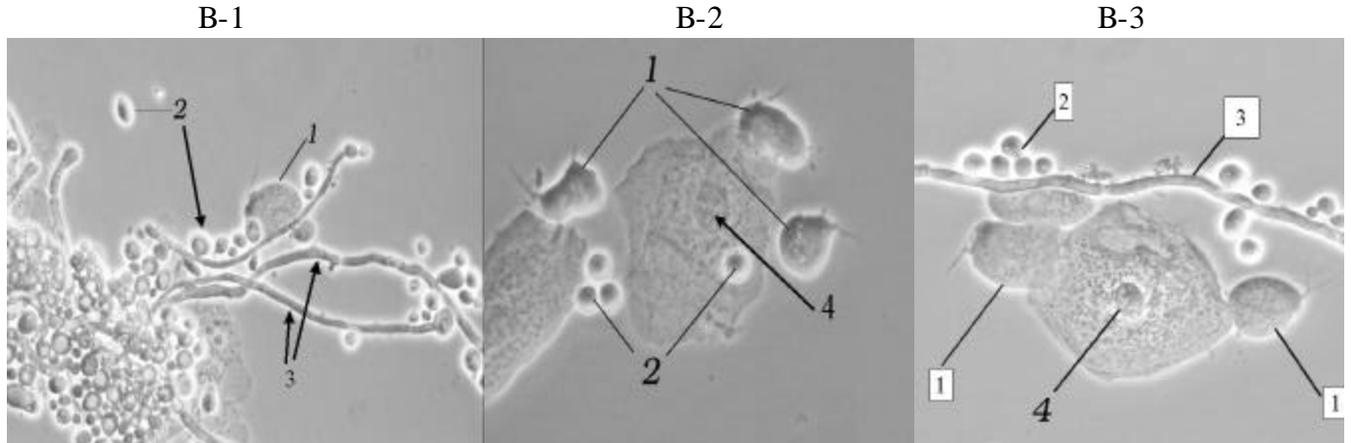
### Micrograph A



- |   |   |
|---|---|
| 1 2 3   |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell(s) - a clue cell     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell(s) - not a clue cell |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell nucleus              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Red Blood cell(s)                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bacteria                                      |

- |   |                     |
|---|---------------------|
| 1 2 3   |                     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Trichomonas(s)      |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yeast cell(s)       |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pseudohyphae        |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sperm cell(s)       |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | White blood cell(s) |

### Micrograph B



- |  |   |
|--|---|
| 1 2 3 4  |   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell(s) - a clue cell     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell(s) - not a clue cell |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Squamous epithelial cell nucleus              |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Red Blood cell(s)                             |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Bacteria                                      |

- |  |                   |
|--|-------------------|
| 1 2 3 4  |                   |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Trichomonas(s)    |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Yeast cell(s)     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Pseudohyphae      |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | Sperm cell(s)     |
| <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | White blood cells |

**Micrograph C**

**C-1**



**C-2**



**C-3**



1 2

- Squamous epithelial cell(s) - a clue cell
- Squamous epithelial cell(s) - not a clue cell
- Squamous epithelial cell nucleus
- Red Blood cell(s)
- Bacteria

1 2

- Trichomonas(s)
- Yeast cell(s)
- Pseudohyphae
- Sperm cell(s)
- White blood cell(s)

**Attestation Statement:**

We, the undersigned, have analyzed these micrographs using the same criteria used in the analysis of regular patient specimens. We recognize that the use of micrographs does not accurately reflect the manner in which wet mount analysis is routinely performed.

Testing Person: \_\_\_\_\_

Date: \_\_\_\_\_

Site Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_