Title: MIC20600-Gram stain reporting in LIS-Bacterial Vaginosis Screens Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date: 15/05/2026

PROGRAM Standard Operating Procedure – Laboratory Services

Type: Laboratory Services Program SOP

Policy Number: 15-162-V1

Date Approved: 15/05/2024

Title: MIC20600 – Gram stain reporting | Policy Number: 15-162-V1

in LIS-Bacterial Vaginosis Screens

Program Name: Laboratory Services

Applicable Domain: Lab, DI and Pharmacy Services

Additional Domain(s): NA

Effective Date: 15/05/2024 Next Review Date: 15/05/2026

Issuing Authority: Date Approved:

Director, Laboratory and Diagnostic 15/05/2024

Imaging Services

Accreditation Canada Applicable Standard: NA

GUIDING PRINCIPLE:

Bacterial vaginosis (BV) is a clinical syndrome in women during their childbearing years characterized by an abnormal vaginal discharge. BV is a common condition, but it is particularly important in pregnant women. It is a risk factor for obstetric sequalae such as low birth weight and premature delivery and is associated with preterm birth, miscarriage, amniotic infections, and postpartum endometritis. In BV, the predominant microbiota of the vagina shifts from normally predominant lactobacilli to a mixture of *Gardnerella vaginalis*, *Prevotella* spp., *Mobiluncus* spp. and other anaerobes.

PURPOSE/RATIONALE:

This standard operating procedure describes how to report the gram stain results of bacterial vaginosis screens in the LIS in a consistent manner.

SCOPE/APPLICABILITY:

This standard operating procedure applies to Medical Laboratory Technologists (MLTs) reporting bacterial vaginosis screens in the LIS.

SAMPLE INFORMATION:

Type
 Vagina
 Refer to MIC10100-Microbiology Specimen Processing

REAGENTS and/or MEDIA:

- Methanol
- Gram Crystal Violet
- Gram Iodine (Stabilized)

- Gram Decolorizer
- Gram Safranin

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SUPPLIES:

• Glass microscope slide

QC slide

Immersion oil

Slide storage tray

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EQUIPMENT

- Hot plate
- Microscope

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials or cultures:

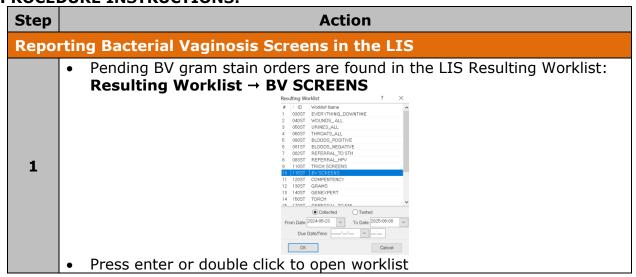
- Ensure that appropriate hand hygiene practices be used
- Lab gown must be worn when performing activities with potential pathogens
- Gloves must be worn when direct skin contact with infected materials is unavoidable
- Eye protection must be used when there is a known or potential risk of exposure of splashes
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC)
- The use of needles, syringes and other sharp objects should be strictly limited

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

QUALITY CONTROL:

- Quality control is performed daily
- A TQC order is automatically generated daily to record the QC results
- Refer to MIC60060-Microbiology Stain Quality Control

PROCEDURE INSTRUCTIONS:



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	•	Enter the accession number on the slide and select enter to mark the
2		order
		Colock outer again to appen Docult Futur or double click on acception

Select enter again to open Result Entry or double click on accession number to open

- Check the age of the patient. BV Screen is not performed on patients 3 ≤13 years of age
 - Refer to MIC10110-Vaginal Swab Processing Job Aid
 - Add one drop of immersion oil to the slide. Under oil immersion (X100, OIF) result the media **GMBV** using the **GMBV 1 of 2** keypad
 - Record the quantity of epithelial cells, white blood cells, clue cells, yeast cells, Trichomonas and bacteria significant to Bacterial Vaginosis: Lactobacillus spp., gram variable bacilli resembling Gardnerella vaginalis and gram negative bacilli resembling Mobiluncus spp.

4

None seen	No cells seen
1+	< 1 cell seen
2+	1 - 9 cells seen
3+	10 - 25 cells seen
4+	> 25 cells seen

Use the **GMBV 2 of 2** keypad to enter the N-score of the sample:

5

N-Score Table					
Quantitation of	Points scored per morphotype				
bacterial morphotype	None	1+	2+	3+	4+
Lactobacillus spp.: Med/large gram positive bacilli	4	3	2	1	0
Gardnerella vaginalis: Small, gram variable bacilli	0	1	2	3	4
Mobiluncus spp.: Curved, gram variable bacilli	0	1	1	2	2

6 Under the test code: **SCBV**, use the **SCBV** keypad to report the BV result.

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REPORTING INSTRUCTIONS:

7.5	RUCTIONS:	REPORT				
IF	REPORT					
	1. In SCBV test, using the SCBV keypad, select Key 1:					
		VE for Bacterial Vaginosis >SCBV2"				
	SCBV - 1 of 1	HIAN				
	Key Text					
	1 Smear N	NEGATIVE for Bacterial Vaginosis >SCBV2				
	2 }ALTF(altered indeterminate) >SCBV2				
	3 Smeard	consistent with Bacterial Vaginosis >SCBV2				
	4)INSF (s	scant or no cells)				
	SMIC-STAIN GR	M N SCORE				
	2. Comment will app	Dear as:				
		VE for Bacterial Vaginosis"				
	3. Add comments, if	appropriate, from SCBV2 keypad:				
	SCBV2 -	1 of 1 H + F = x				
	Key T	ext				
		PMEN (>55yrs old)				
	2 }YEAS (yeast seen)					
N-Score is		PURU (3+ or more WBC)				
0 - 3		richomonas vaginalis seen in smear				
	SMIC-STAIN GRM N SCORE					
	IF	ADD COMMENT				
	Patient is >55	"Results may not be reliable in				
	Key 1	post-menopausal women.				
	, =	Correlate with the clinical picture".				
	Yeast cells seen	"Yeast Seen. Candida species are normal flora in the genital area of 30-40% of women. Correlate with				
	Key 2					
	NCy Z	the clinical picture."				
		"Purulence suggests the presence				
		of another infection and/or				
	3+ or 4+ WBC	inflammatory condition. Testing for N. gonorrhoeae and				
	Key 3					
		C. trachomatis may be indicated				
	Trichomonas	Correlate with the clinical picture."				
	Key 4	"Trichomonas vaginalis seen in smear"				
	4. Finalize SCBV	5.11041				
	5. Preview instant re	eport and save				

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Date Approved: 15/05/2024 IF. **REPORT** 1. In SCBV test, using the SCBV keypad, select Key 2: "}ALTF (altered indeterminate) >SCBV2". SCBV - 1 of 1 HILL Key Text 1 Smear NEGATIVE for Bacterial Vaginosis >SCBV2 }ALTF (altered indeterminate) >SCBV2 Smear consistent with Bacterial Vaginosis >SCBV2 4 INSF (scant or no cells) SMIC-STAIN GRM N SCORE 2. Comment will appear as: "Gram stain shows altered vaginal flora. Results are indeterminate for Bacterial Vaginosis" 3. Add comments, if appropriate, from SCBV2 keypad: SCBV2 - 1 of 1 HILL Key Text PMEN (>55yrs old) }YEAS (yeast seen) 3)PURU (3+ or more WBC) N-Score is Trichomonas vaginalis seen in smear 4 - 6 SMIC-STAIN GRM N SCORE IF **ADD COMMENT** "Results may not be reliable in Patient is >55 post-menopausal women. Key 1 Correlate with the clinical }PMEN picture". "Yeast Seen. Candida species are Yeast cells seen normal flora in the genital area of Key 2 30-40% of women. Correlate }YEAS with the clinical picture." "Purulence suggests the presence of another infection and/or 3+ or 4+ WBC inflammatory condition. Key 3 **Testing for N. gonorrhoeae and** C. trachomatis may be indicated }PURU Correlate with the clinical picture." Trichomonas seen "Trichomonas vaginalis seen in

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5. Preview instant report and save

Key 4

Finalize SCBV

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smear"

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IF. **REPORT** 1. In SCBV test, using the SCBV keypad, select Key 3: "Smear consistent with Bacterial Vaginosis >SCBV2" SCBV - 1 of 1 H + F - XKey Text 1 Smear NEGATIVE for Bacterial Vaginosis >SCBV2 }ALTF (altered indeterminate) >SCBV2 3 Smear consistent with Bacterial Vaginosis >SCBV2 }INSF (scant or no cells) SMIC-STAIN GRM N SCORE 2. Comment will appear as: "Smear consistent with Bacterial Vaginosis" 3. Add comments, if appropriate, from SCBV2 keypad: SCBV2 - 1 of 1 H 4 F A X Key Text PMEN (>55yrs old) 1)YEAS (yeast seen) 3 }PURU (3+ or more WBC) N-Score is Trichomonas vaginalis seen in smear 7 - 10 SMIC-STAIN GRM N SCORE **ADD COMMENT** IF. "Results may not be reliable in post-menopausal women. Patient is >55 Correlate with the clinical Key 1 picture". "Yeast Seen. Candida species are Yeast cells seen normal flora in the genital area of 30-40% of women. Correlate Key 2 with the clinical picture." "Purulence suggests the presence of another infection and/or inflammatory condition. 3+ or 4+ WBC Testing for N. gonorrhoeae and Key 3 C. trachomatis may be indicated Correlate with the clinical picture." Trichomonas seen "Trichomonas vaginalis seen in smear" Key 4 4. Finalize SCBV 5. Preview instant report and save

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IF	REPORT				
	 In SCBV test, using the SCBV keypad, select Key 4 to report: "}INSF (scant or no cells)" 				
		Key	Text		
		1	Smear NEGATIVE for Bacterial Vaginosis >SCBV2		
Scant or no cells		2	}ALTF (altered indeterminate) >SCBV2		
seen on smear	1	3	Smear consistent with Bacterial Vaginosis >SCBV2		
	L	4	INSF (scant or no cells)		
		SMIC-S	TAIN GRM N SCORE		
	2. Comment will appear as:				
	"Insufficient sample to assess for vaginitis. Please recollect if clinically indicated"				
	3. Finalize SCBV				
	4. Preview instant report and save				

Step	Action			
Complete reading of BV slides				
1	 Refresh GRM/MISC1of2 worklist If finished reading BV slides, ensure BVs remaining on worklist have been prepared to be read at a later time 			
2	Slides can be discarded in the sharps container. BV slides are not saved.			

LIMITATIONS:

- 1. The presence or absence of clue cells is not part of the Nugent score and not required for diagnosis.
- 2. For post-menopausal patients, laboratory diagnosis of bacterial vaginosis has not been validated and interpretation of gram stain results needs to be considered. Ensure comment is added.
- For pre-pubescent girls (≤13 years), Bacterial Vaginosis should not be reported. Genital culture should be performed, and gram stain should be reported as per routine specimens. Refer to MIC20800-Gram stain resulting in LIS-Genital specimens.

CROSS-REFERENCES:

- MIC10100-Microbiology Specimen Processing
- MIC20800-Gram stain reporting in LIS-Genital specimens
- MIC60060-Microbiology Stain Quality Control

REFERENCES:

1. Leber, A. (2016). Clinical microbiology procedures handbook. (4thed.) Washington, D.C.: ASM Press

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APPROVAL:

May 15, 2024

Date

Director, Laboratory and Diagnostic Imaging Services

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	07 Feb 19	Initial Release	L. Steven
2.0	31 Mar 22	Procedure reviewed and added to NTHSSA policy template	L. Steven
3.0	20 Feb 24	Procedure reviewed	L. Steven

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