

## Wet Mount Microscopic Correspondence Course

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### Course Description

Vaginal wet mounts and KOH microscopic are performed routinely in physician offices, health departments, and hospitals. This course is designed to improve the identification of elements that contribute to a diagnosis of trichomoniasis, candidiasis, and bacterial vaginosis. The direct microscopic examination of a saline wet prep can provide a quick presumptive identification of *Gardnerella vaginalis* (clue cells) and yeast infections and a definitive identification of *Trichomonas*. This course covers:

- A systematic method for examining wet mount slides and techniques for locating elements
- Identifying *Trichomonas*, yeast (budding and hyphal forms), and “clue cells” in clinical specimens
- The significance of a positive amine test
- The reporting of vaginal wet mount findings
- The regulatory requirements regarding wet mounts
- Establishing good quality assurance practices regard wet mount microscopics

### Who Should Enroll?

Anyone involved with provider performed microscopy procedures or moderate complexity laboratory tests – particularly those working in physician office laboratories or other physician office settings. Medical Technologists and Medical Laboratory Technicians working in hospitals will also benefit.

### Course Registration

Complete registration online using a credit card **or** by mailing a check with this paper application. Participants will be emailed the correspondence course materials and exam, unless a paper copy is requested. (Additional \$6.00 charge).

### Course Credits

Course exams must be completed and mailed to the Office of Laboratory Services for grading. A score of 70% or greater on the exams must be achieved to receive the continuing education credits.

**Course Fee: \$15.00**

**Continuing Education Credit: 10 Contact Hours**

WET MOUNT MICROSCOPIC COURSE REQUEST	
Course will be <u>E-mailed</u> unless otherwise requested and additional fee paid.	
Name:	
Home Mailing Address:	
E-mail:	Home Phone:
Facility:	
Facility Address:	
Facility Phone:	Fax:
Paper Copy Requested: <input type="checkbox"/> <b>Additional \$6.00 charge.</b>	
<b>Mail Request Form and Check (Made payable to WVDHHR State Lab) to:</b>  WV Office of Laboratory Services ATTN: Training & Evaluation 167 11 <sup>th</sup> Avenue South Charleston, WV 25303	