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| Isolate Send-Out to Fairview University of Minnesota Physicians Outreach Lab | | | | | | | | |
| **Purpose** | The purpose of this procedure is to provide guidance on sending out isolates for identification/ susceptibility testing to Fairview University of Minnesota Physicians (UMP) Outreach Lab. The procedure explains ordering, shipping, and billing. | | | | | | | |
| **Principal and Clinical Significance** | This procedure discusses the process for properly sending out patient isolates that require special identification/susceptibility testing. Having a process and guidelines in place will ensure for maximum efficiency so that patient results can become obtained in a timely manner. | | | | | | | |
| **Policy Statements** | This procedure applies to Microbiologists who perform culture set-up and plate reading. | | | | | | | |
| **Test Code** | IDREFER | | | | | | | |
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| **Procedure** | 1. If additional identification and susceptibility testing is requested and cannot be performed in our lab, the test can be sent to Fairview University of Minnesota Physicians (UMP) Outreach Lab. 2. Fill out U of M Microbiology Referral Request to specify which referral testing is needed.   [MC 5.21 U of M Microbiology Referral Request.](MCVI%205.21%20U%20of%20M%20Microbiology%20Referral%20Request.docx)   1. Their test code is IDREFER. The method is Etest, and we will be billed for each drug individually. 2. Check if Identification and Susceptibilities are required, or Identification or Susceptibility only. 3. Include the Type and Source of the sample. The Type is the body location or type of specimen and the Source is a more specific body location. Example: Synovial fluid is the type and ankle is the source or Abscess is the type and right toe is the source. 4. When initiating the send-out—**UM bill-only codes need to be charged** on the Sunquest billing tab in Micro Result Entry. Refer to [MCVI 5.31 Add on micro UM bill codes,](MCVI%205.31%20Add%20on%20micro%20UM%20bill%20codes.%202015.xlsx) for the codes. Each drug is charged separately. 5. Bring the form and sample to send outs department. They will call a courier for delivery to UMP Outreach Lab. | | | | | | | |
| **Instructions for Type and Source** | **Instructions for Type:** Choose from the list below. These are the actual choices in Atlas to choose from.   |  |  |  | | --- | --- | --- | | Abscess | Cyst | Pleural fluid | | Ascites Fluid | Fine needle aspiration | Skin | | Aspirate | Gastric Fluid | Swab | | Biopsy | Ocular Fluid | Synovial Fluid | | Blood | Osteophyte | Tissue | | Body Fluid, unspecified | Other | Urine | | Bone | Pericardial fluid | Vaginal fluid | | Bone Marrow | Peritoneal Fluid | Vitreous Fluid | | CSF |  | Wound |   **Choose swab is specimen is from a mucosal source:**   * Eye * Ear * Nasal, NP, Sinus * Throat, OP, Mouth * Vaginal * Rectal   **Instructions for Source**: describe the site that the specimen came from; examples:   * Left Elbow * Forehead * Right leg * Throat | | | | | | | |
| **Referral Request Form** | **U of M Microbiology** DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Referral Request** Ordering Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_  Collecting Campus: MIN STP  Isolate Referral: LAB3559 IDREFER Tech\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_     * Bacterial, Fungal or Anaerobic Identification and Susceptibilities * Identification only * Susceptibilities only   Specimen Type and Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example: Synovial fluid-ankle)  Antibiotics Requested:  Organism\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Gram stain and aerotolerance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NOTES: | | | | | | | |
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| **Training Plan/ Competency Assessment** | **Training Plan** | | | | | **Initial Competency Assessment** | | |
| 1. Employee must read the procedure. 2. Employee will observe trainer performing the procedure. 3. Employee will demonstrate the ability to perform procedure, record results and document corrective action after instruction by the trainer. | | | | | 1. Direct observation. | | |
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| **Historical Record** |  |  | |  | | |  | |
|  | **Version** | **Written/Revised by:** | | **Effective Date:** | | | **Summary of Revisions** | |
| 1 | Susan DeMeyere | | 5/9/2022 | | | Initial Version | |
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