

Document Name: Referral of Category B specimens to DynaLIFE and Provincial Laboratory

Approved By:

Jennifer G. Daley Bernier, A/ Manager, Laboratory Services

Status: **APPROVED**

PURPOSE:

To ensure microbiology specimens are being sent out for referral testing to DynaLIFE or Provincial Laboratory, as Category B specimens, appropriately.

REAGENTS and/or MEDIA:

- 20% glycerol with Tryptic Soy Broth

SUPPLIES:

- Calibrated Loops
- Copan Transystem® Culture swab transport system (with or without charcoal)
- Starplex® Starswab transport system, anaerobic

SPECIAL SAFETY PRECAUTIONS:

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

- 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 or splashes.
- All procedures that may produce aerosols, 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.
- Please refer to Transportation of Dangerous Goods (TDG) manual for packaging and safety of Category A laboratory samples
- Technologist must be TDG certified in order to send out a Category A substance
- Please refer to Transportation of Dangerous Goods (TDG) manual for packaging and safety of Category B laboratory samples

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PROCEDURE INSTRUCTIONS:

Fill out location and ordering physician information:

- **For DynaLIFE requisitions:** our location information is pre-typed onto the requisition. Only the ordering physician information needs to be added, which includes physician code and report location of this physician.

DynaLIFE_{Dx}
 Diagnostic Laboratory Services

Suite 200, 10150 – 102 Street
 Edmonton, AB
 T6J 5E2
 Toll Free: 1 – 800 – 661 – 9876
 Fax: (780) 453 – 9425 (Microbiology)

SOLUTE SUBMISSION FORM [Complete all sections]

Submitting Facility Address: Northwest Territories Health & Social Services Authority (NTHSSA) Bacteriology Laboratory, 550 Byrne Rd, P.O. Box 10, Yellowknife NT X1A 2N1
 Phone (867-669-4162) Fax (867-669-4141)
 Copy to: Physician's Code: 05291 Report Location: YEL

Physician's Code: Report Location:

Submitting Lab Number:

Specimen Source:

Specimen Collection Date:

Submission Date:

Control notified: Yes No (if required)

- **For Provincial Laboratory requisitions:** our location information is pre-typed onto the requisition. Only the ordering physician information needs to be added, which includes physician name, address, phone number and code.

Alberta Health Services

ProvLab Reference Requisition

Complete and forward to appropriate Provincial Laboratory for Public Health:

Edmonton Site Phone: 780.403.8864

Requestor Name: Northwest Territories Health Authority Laboratory (Bacteriology)
 Location/Facility/Address: 550 Byrne Road P.O. Box 10, Yellowknife NT X1A 2N1
 Phone: 867-669-4162 Fax: 867-669-4141
 Healthcare Provider ID: YEL/05291

Requestor (s) Name: Copy to: Copy to:
 Location/Facility/Address: Location/Facility/Address: Location/Facility/Address:
 Phone: Phone: Phone:
 Healthcare Provider ID: Healthcare Provider ID: Healthcare Provider ID:

- **To find physician code:**
 - Open patient report in **Order Entry**
 - Ensure **Edit Mode** is activated. Click on **Att. Dr.**
 - The Physician code and report location code is located in **UPIN#**

Third ID	NPI#	UPIN#	Route ID	F
		999999/XYZ		

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Fill in all sections highlighted in yellow to complete a Provincial Lab requisition:



Accession # (lab only)

ProvLab Reference Requisition

Complete and forward request to appropriate Provincial Laboratory for Public Health:

Edmonton Site: 8440-112 St T6G 2J2

Calgary Site: 3030 Hospital Dr NW T2N 4W4

Phone: 780.407.7121 Fax: 780.407.3864

Phone: 403.944.1200 Fax: 403.270.2216

Patient	PHN	Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name	First Name	Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Phone
	Address	City/Town	Prov	Postal Code	Location
Requestor (s)	Requestor Name (last, first)	Copy to (last, first)		Copy to (last, first)	
	Location/Facility/Address	Location/Facility/Address		Location/Facility/Address	
	Phone	Phone		Phone	
	Healthcare Provider ID	Healthcare Provider ID		Healthcare Provider ID	
Collection	Date (yyyy-Mon-dd)	Time (24 hr)	Location		Collector ID
Date Submitted (yyyy-Mon-dd)		Specimen Source			Sender Lab #
Clinical Diagnosis					
Testing Requested		Organism ID/Suspected ID		Submitting Lab Information	
<input type="checkbox"/> Organism Identification		<input type="checkbox"/> Campylobacter M RFCAMPY		Suspected ID	
<input type="checkbox"/> Antibiotic Susceptibility specify antibiotics		<input type="checkbox"/> E.coli O157 M RFECO157		Gram Stain	
<input type="checkbox"/> Surveillance		<input type="checkbox"/> Salmonella M RFSALM		Growth Conditions	
<input type="checkbox"/> Storage <input type="checkbox"/> VRE M RFSTORE		<input type="checkbox"/> Shigella M RFSHIG		O ₂	
		<input type="checkbox"/> Vibrio M RFVIBRIO		CO ₂	
		<input type="checkbox"/> Enteric Other (specify)		ANA	
		<input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia		Biochemicals	
		<input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other		Oxidase	
		<input type="checkbox"/> Anaerobe		Catalase	
		<input type="checkbox"/> Listeria M RFOTH		Commercial ID	
		<input type="checkbox"/> Fungus/Yeast M RFFUNG		Attach Vitek Printout and hardcopy of LIS report	
		<input type="checkbox"/> Mycobacteria M RFAFB			
		<input type="checkbox"/> Neisseria gonorrhoeae M RFGC			
		<input type="checkbox"/> Nocardia M RFNOC			
		<input type="checkbox"/> VRE confirmation M RFOTH			
<input type="checkbox"/> Serotyping/Serogrouping					
<input type="checkbox"/> Neisseria meningitidis		NMEN PCR (All specimen types, PLNA & PLSA)			
<input type="checkbox"/> Group A Streptococcus		M SERONMEN (Isolates only on PLSA site ONLY)			
<input type="checkbox"/> Group B Streptococcus		M SEROGAS			
<input type="checkbox"/> Streptococcus pneumoniae		M SEROGBS			
<input type="checkbox"/> Haemophilus influenzae		M SEROSPNE			
<input type="checkbox"/> Other (specify)		M SEROHAEM			
<input type="checkbox"/> Other (specify)					

19193 (Rev2014-03)

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Fill in all sections highlighted in yellow to complete the fax coversheet:



STANTON TERRITORIAL HEALTH AUTHORITY

Stanton Territorial Hospital - Laboratory
550 Byrne Road - Yellowknife, NT X1A 2N1
Phone: 867 669-4373
Fax: 867 669-4141

To:	From:
Fax:	Pages:
Phone:	Date:
Re: Transfer of Human Pathogen (LA-16-0000639)	CC: Sth_biosafety@gov.nt.ca

STHA Laboratory is transferring a package containing a Risk Group 2 Human Pathogen to your facility.

This sample is to be directed to the _____ program

Weigh Bill Number of this shipment is _____.

If you do NOT receive this package within 72 hours of this notification, please inform the STHA microbiology laboratory at (867) 669 4162 AND email sth_biosafety@gov.nt.ca

Thank you

STHA employee sending sample _____ Signature _____

CONFIDENTIAL WARNING

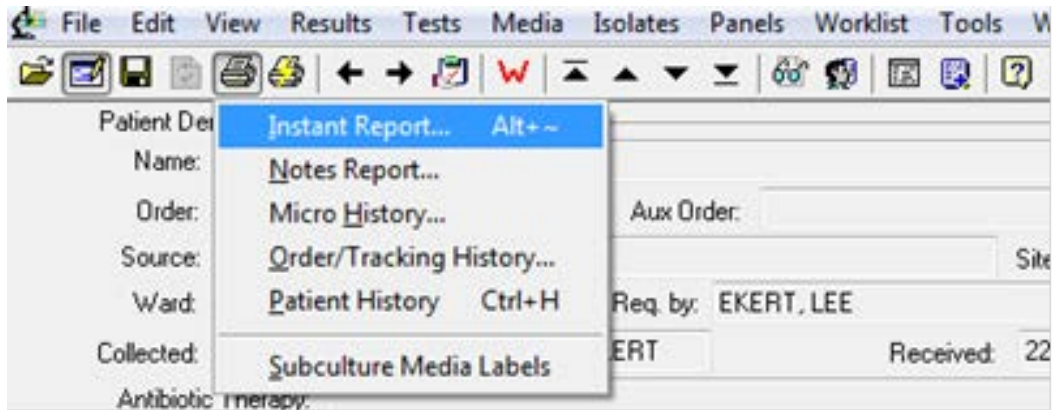
The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail.

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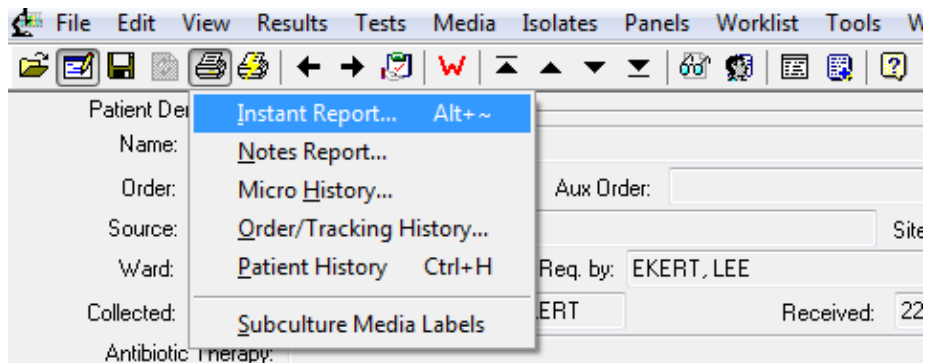
Print a hardcopy of LIS report:

a) In result entry, click printer icon on tool bar – select instant report



b) Click yes to save and Ok to patient discharged

c) Click the Print To pull down menu and choose S01_LabMain_Xerox5330



d) Select Ok

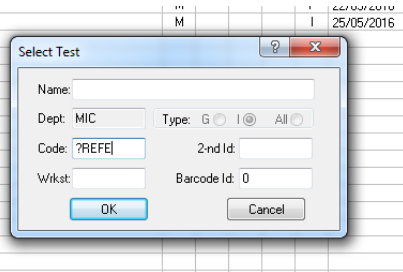
e) Report will print on Xerox in Main Laboratory.

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Order a referred test in result entry screen:

a) Select Add Test



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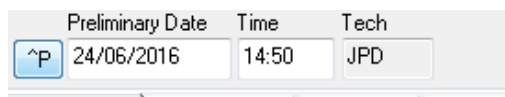
b) Choose appropriate reference code:

?REFE – ProvLab Edmonton

?REFD – Dynalife Edmonton

c) Choose OK

d) Put a period (.) in the results line



e) Preliminary report the test line

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Print off any Vitek reports that have been performed on the organism being referred

8

Photocopy all papers and staple together

9

Pack specimen up according to TDG Category B regulations, send original paperwork with specimen

10

Send necessary faxes and emails:

a) If sending organism to DynaLIFE, fax completed coversheet to DynaLIFE and email copy to STH Biosafety.

b) If sending organisms to Provincial Laboratory, fax completed coversheet to Provincial Laboratory and email copy to STH Biosafety.

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Place Category B box into Dynalife Referral Cooler

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Hole punch photocopy stack and place in Pending Referral Binder. Ensure the report is filed under the correct tab (DynaLIFE or Provincial Laboratory, Cat B)

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Freeze specimen if applicable:

a) Click on Add Media

b) Put the date and technologists initials in the STORE line

c) Freeze organism in glycerol and record in patient isolate log.

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REFERENCES:

DynaLIFE DX requisition, Doc ID: MIC-FM-0007382, revised 08-Oct-2008

ProvLab Reference requisition, Doc ID: 19 193, revised 2014-03

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 2017	Initial Release	L. Steven

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X 

Jennifer G. Daley Bernier
 A/ Manager, Laboratory Services
 Signed by: Jennifer G. Daley Bernier