

**Stanton Territorial Hospital**P.O. Box 10, 550 Byrne Road
YELLOWKNIFE NT X1A 2N1**Document Number:** MIC10520**Version No:** 1.0

Page: 1 of 8

Distribution:**Microbiology Specimen Processing Manual****Effective:** 28 April, 2017**Date Reviewed:** 28 April, 2017**Next Review:** 28 April, 2019**Document Name:** Referral of Category B specimens to NML for International Circumpolar Surveillance Program**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 the National Microbiology Laboratory (NML), 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)

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 of 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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FILENAME: MIC10520ReferralofCategoryBSpecimenstoNMLPRO.doc

Print Date: 4/28/2017 1:01:00 PM

PROCEDURE:

The following organisms need to be sent to NML as part of the International Circumpolar Surveillance (ICS) program:

- Streptococcus pneumoniae from invasive sites
- Streptococcus pyogenes (GAS) from invasive sites
- Streptococcus agalactiae (GBS) from invasive sites
- Haemophilus influenzae from invasive sites
- Neisseria meningitidis from invasive sites

PROCEDURE INSTRUCTIONS:

Fill in all sections highlighted in yellow to complete a NML requisition for the submission of invasive Streptococcus isolates:

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SENDER INFORMATION

CONTACT NAME: ¹ Laura Steven

ORGANIZATION: Stanton Territorial Hospital

ADDRESS: 550 Byrne Road, P.O. Box 10

CITY: Yellowknife

PROVINCE: NT POSTAL CODE: X1A2N1

TELEPHONE: (867) 663-4162 FAX: (867) 669-4141

EMAIL: laura_steven@gov.nt.ca

CANADA

CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS

Streptococcus and STI Unit
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Office: (204) 789-6063 Lab: (204) 789-6015 Fax: (204) 789-6012
Email: NML.StrepSTI@phac-aspc.gc.ca

CULTURE INFORMATION ²

SUBMITTING LAB #	PRIORITY/OUTBREAK	EPI-LAB LINKAGE INFO	ISOLATION SITE/SOURCE SITE				AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS			NML USE ONLY
			BLOOD	CSF	OTHER ⁴	OTHER ⁴			\$ pneumoniae	\$ pyogenes (GAS)	\$ agalactiae (GBS)	

COMMENTS AND ADDITIONAL INFORMATION

For International Circumpolar Surveillance (ICS)

Please CC:
Chief Medical Officer of Health
Dept of Health & Social Services
Government of Northwest Territories
PH: (867) 767-9066
FAX: (867) 873-0442

NML USE ONLY	DATE & TIME	BY
RECEIVED		
DATA VERIFIED		

¹ Name to provide test results.

² Samples not accompanied by relevant patient information and clinical history may be subject to rejection. For current acceptance criteria refer to the NML Guide to Services.

³ These isolates will be screened for *S. pyogenes* and *S. pneumoniae*. If negative they will be forwarded to the Special Bacteriology Laboratory, NML, for further characterization. ALL invasive blood, CSF, other sterile sites) isolates and/or typing results of *Streptococcus pneumoniae* and *Streptococcus pyogenes* (Group A Strep) should be submitted to the NML for surveillance purposes.

⁴ Please do not submit isolates or data from non-sterile sites (specimens, swabs) nor fluid, sputa cultures associated with an outbreak investigation or special clinical significance.

The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.

May 2015

Please Note: If the patient originated from Nunavut, use the Please CC: Chief Medical Officer of Health, Nunavut sticker

Please CC:
"Chief Medical Officer of Health"
Dept of Health & Social Services
Government of Nunavut
PH: (867) 975-5743
FAX: (867) 979-3190

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Fill in all sections highlighted in yellow to complete a NML requisition for the submission of invasive Haemophilus influenzae and Neisseria meningitidis isolates:



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REQUISITION FOR VACCINE PREVENTABLE BACTERIAL DISEASES REFERENCE TESTING

Syphilis Diagnostics and Vaccine Preventable Bacterial Diseases
National Microbiology Laboratory
1015 Arlington Street, Winnipeg, MB R3E 3R2
Telephone: (204) 789-2130 Fax: (204) 789-2018

SENDER INFORMATION

NAME: Laura Steven
ADDRESS: 550 Byrne Road, P.O. Box 10
CITY: Yellowknife
PROVINCE: NT POSTAL CODE: X1A2N1
TELEPHONE: (867) 669-4162 FAX: (867) 669-4141

SUSPECTED PATHOGEN

[Yellow highlighted area for Suspected Pathogen]

TEST REQUIRED

For International Circumpolar Surveillance (ICS)

PATIENT INFORMATION

PATIENT INITIALS:
DATE OF BIRTH (YYYY-MM-DD):
SEX: M F
CITY:
OTHER INFORMATION:

CLINICAL HISTORY

CLINICAL DIAGNOSIS, SYMPTOMS:
PREVIOUS LAB RESULTS:
VACCINE HISTORY:

SPECIMEN INFORMATION

SPECIMEN REF #:
COLLECTION DATE (YYYY-MM-DD):
DATE OF DISEASE ONSET (YYYY-MM-DD):
SOURCE OF SPECIMEN:

COMMENTS

Please CC:
Chief Medical Officer of Health
Dept of Health & Social Services
Government of Northwest Territories
PH: (867) 767-9066
FAX: (867) 873-0442

The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests.
August 2016

Please Note: If the patient originated from Nunavut, use the Please CC: Chief Medical Officer of Health, Nunavut sticker

Please CC:
"Chief Medical Officer of Health"
Dept of Health & Social Services
Government of Nunavut
PH: (867) 975-5743
FAX: (867) 979-3190

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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

Fax

To: National Microbiology Laboratory	From: STHA Microbiology Laboratory
Fax: 1-(204) 789 - 5012	Pages:
Phone:	Date:
Re: Transfer of Human Pathogens (LA-16-0000639)	CC:

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

The sample is to be directed to the [redacted] Program

Weigh Bill number of this shipment is [redacted].

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

Name of STHA employee sending [redacted] Signature [redacted]

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FedEx Express Intra-Canada Air Waybill
Lettre de transport aérien intérieure
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Certains services et options ne sont pas disponibles pour toutes les destinations.

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4

1 From Please print and press firmly / Expéditeur Écrivez en caractères d'imprimerie. Appuyez fermement SVP

Date: 2017/04/28 Sender's FedEx Account Number / N° de compte FedEx de l'expéditeur: 1379-5950-0

Sender's Name / Nom de l'expéditeur: STANTON YELLOWKNIFE HEALTH Phone / Téléphone: ()

Company / Nom de la société: STANTON YELLOWKNIFE HEALTH

Address / Adresse: 650 BYRNE RD

City / Ville: YELLOWKNIFE Province / Province: NT Postal Code / Code postal: X1A2N1

2 Your Internal Reference Votre référence interne: OPTIONAL/FACULTATIF

3 To/Destinaire Recipient's Name / Nom du destinataire: NATIONAL MICROBIOLOGY LAB

Address / Adresse: 1015 ARLINGTON ST

City / Ville: WINNIPEG Province / Province: MB Postal Code / Code postal: R3E3R2

4 Shipment Information/Informations sur l'envoi

Total Packages / Nombre total de colis: 1 DIM 1 VOL 1 R 1 PD

Total Declared Value / Valeur totale déclarée: \$ 1000.00

5a Express Package Service/Service colis express

FedEx Priority Overnight FedEx First Overnight FedEx 2Day FedEx Economy

5b Express Freight Service/Service fret express

FedEx 1 Day Freight

6 Packaging/Emballage

FedEx Envelope* FedEx Pak* FedEx Box FedEx Tube Other

7 Special Handling/Manutention spéciale

HOLD at FedEx Location SATURDAY Delivery / Livraison le SAMEDI

RETENIR à la succursale FedEx Available to select locations. Not available for FedEx First Overnight, FedEx Economy or FedEx Overnight/Overnight & Priority services. Plus disponible pour FedEx First Overnight, FedEx Economy, et FedEx One Day Freight.

Does this shipment contain dangerous goods? / Cet envoi contient-il des marchandises dangereuses? No / Non Yes / Oui

8 Payment / Paiement Bill transportation charges to / Facturer le transport à: Sender / Expéditeur Recipient / Destinataire Third Party / Tierce partie Credit Card / Carte de crédit Cash/Cheque / Argent liquide/Chèque

9 Sign to Authorize Delivery Without a Signature/Signer pour autoriser la livraison sans signature

10 Required Signature/Signature requise

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0450

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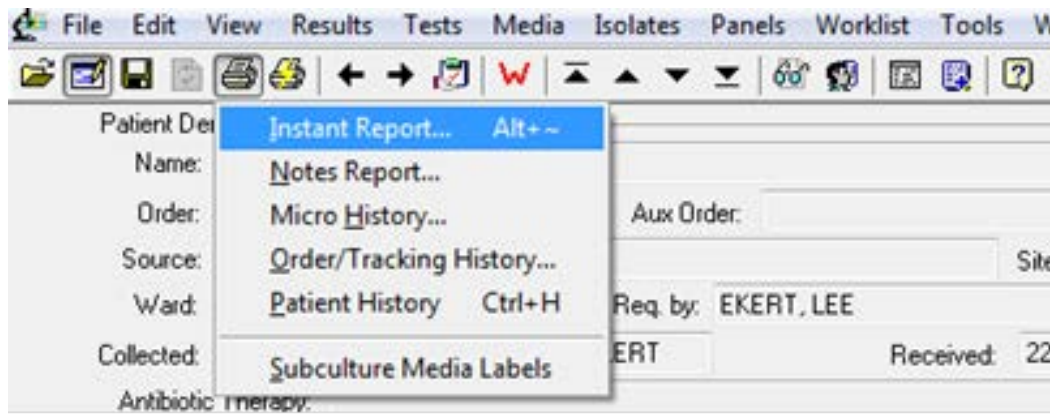
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Print a hardcopy of LIS report:

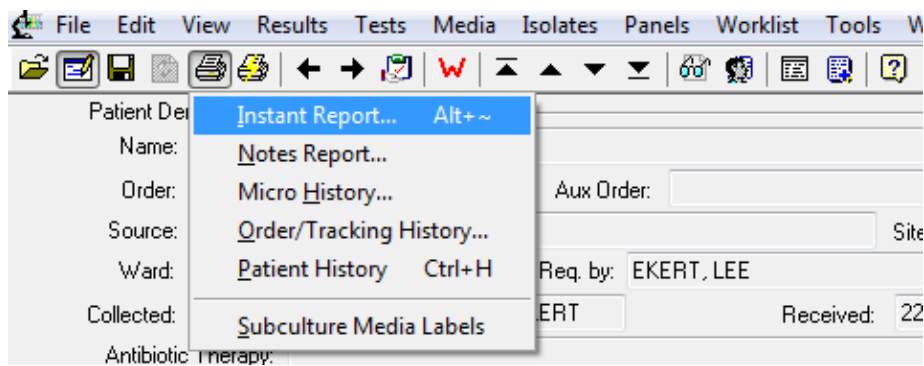
a) In result entry, click printer icon on tool bar – select instant report



b) Click yes to save and Ok to patient discharged

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

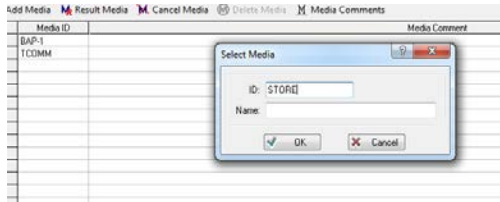
5



d) Select Ok

e) Report will print on Xerox in Main Laboratory.

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6	Print off any Vitek reports that have been performed on the organism being referred
7	Photocopy all papers and staple together
8	Pack specimen up according to TDG Category B regulations, send original paperwork with specimen
9	Send necessary faxes and emails: a) Fax completed coversheet to NML b) Email copy to STH Biosafety.
10	Place Category B box on the countertop in the lab assistant area with waybill on top
11	Hole punch photocopy stack and place in Pending Referral Binder. Ensure the report is filed under the correct tab (NML)
12	Freeze specimen: 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:

NML Culture Submission Requisition for Streptococcus, May 2015

NML Requisition for Vaccine Preventable Bacterial Diseases, August 2016

REVISION HISTORY:

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

 Invalid signature

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

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