1. TB:

* Even if there are no TB specimens, I would like the 12-8 technologist to still go into the TB lab and perform the daily maintenance on the MGIT and BSC, check for any positive MGIT samples and check to see if there are any attests to read or runs to go through the autoclave.
* Decided we would do this on the weekend as well as the maintenance only takes a few minutes. If there are any positive MGIT samples, put them in the CO2 incubator in the positive MGIT rack and print off a positive report from the MGIT and place on the incubator.
* We will be getting a new TB QC organism, M.gordonae. Until then we will just be using the M.fort. Also, weekly TB QC should be performed separately than patient samples to avoid contamination. Moses and David suggest that if we have to do weekly QC and patient samples to process the patient samples first and when finished process the weekly QC. This way there will be no contamination from the QC testing that could affect the patient samples as the patient samples are already processed.
* Will be getting premade QC slides. If we notice the negatives are positives this is because the positive is washing onto the negative part. If this happens we will have to start using the gram QC slide as our negative control.
* Laura S reminded everyone that they need to enter their TB slide QC into TQC. This is not being performed consistently by everyone. Laura S will put a reminder note by the microscope to help remind everyone.
* Will be getting conical tubes with NaOH already in them. They come in 2mL and 5mL. ProvLab said the ideal specimen volume to use is 5 mL. The amount of NaOH and specimen needs to be the same. Will have to play around with this as we want to use as much specimen as possible and add the least amount of water. Will come up with more guidelines after we run the process a few times.
* Will be getting individual tubes of sterile saline with 1.8mL. These will be used to increase our sample volume if it is low instead of the water in the urine cup we are using now. Tube can be selected if sample volume looks low and use one tube per specimen, don’t share tubes between specimens.
* We need to start using the cart to transfer our LJ specimens from the TB room to the incubator. The cart is kept in the water room. Should also be using it when bringing our LJ tubes to the computer to read them. This was from PHAC.

2. CSF Grams:

* Reminder that CSF grams that are received during the working hours of the microbiology laboratory need to be read STAT and the turnaround time is <1 hour.
* Do not have to perform acridine orange stain on CSF as per email.

3. Diphtheroids in blood culture:

* If have Diphtheroids as a contaminant in a blood culture, report the identification as *Corynebacterium spp*. not *Corynebacterium diptherium*, which is a significant pathogen.

4. Update from weekend meeting:

* Laura S is working on updating the rejection criteria procedure. Difficult because no real guidelines exist. Laura has talked with Dr. Solomon from Dynalife and she offered some suggestions but not a lot. She said the criteria we have now looks good but the criteria for swabs is something we will have to decide on. Laura will have to meet with Jennifer to discuss this and come up with some better guidelines. Dynalife doesn’t reject any swabs, they only put disclaimer comments. Mt. Sinai in Toronto rejects all swabs >48 hours old. We will need to see where we fit in.
* After discussion with everyone, we are going to continue subbing out our QC organisms on the weekend. This doesn’t save us much time and becomes confusing in the week as one person will set up the QC and another will read it. It is better to keep it how we have it now. Laura S agrees.

5. 12-8 shift:

* Please ensure that you are not taking break when the 9-5 technologist or MLA are leaving. Be back by 4:50 so that you can be informed of any issues going on.
* Break can be taken after 5; however you should not be leaving the lab. If you want to leave the lab, you need to take break before 4:50.

6. Vancomycin R on Vitek for S.aureus:

* If you get VRSA on Vitek, repeat it first. This sometimes happens (bubble in card well) and resolves with repeat. Only do the etest and follow the Dynalife procedure if the repeat is the same as long as you are sure your isolate is pure.

7. Call in list:

* Will be making a white board with everyone’s names who want to take call. We will start with the most senior person at the top and next senior person next, etc. We will rotate through the names so that everyone gets an equal opportunity for call in’s. Once you are called in, you are to move your name to the bottom of the list and the person below you is the next person to get the first call.
* Laura needs to know who wants to take call.
* Laura G, David, Moses, Solomon and Veronica. Laura S does not.
* Will let the core lab know about the new process once it is in place.
* Remember that we are not officially “on call” so if your name is at the top of the list but you are not available or do not answer that is ok. The core lab will just go down to the next person.

8. Putting away QC plates and daily reagent buckets:

* Please make sure that the QC plate and daily reagent buckets are put away at the end of the day and not left for the evening person to put away.
* Decided that it would be best for the wound bench to do this as they are the last ones to be using the bucket.

9. ?REF tests:

* Please when ordering this when sending something out, result it with a . and finalize. This way when Laura S goes to enter the accession number of the lab that performed the test she can save it and another report won’t print out. This should be done for all tests, including TB at this time. This is how it used to be then it was changed so that outstanding results could be followed up but now that everyone is saving the papers, these are used to follow up by Laura S.

10. Referral isolate forms:

* All the forms for the isolate send outs are in a folder on the shared drive called

“Referral isolate forms” I have divided each locations forms into separate folders. If these forms run out and no one saved the last one, this is where the original copies are kept. Remember that the declaration forms need to be printed in colour. This can be done on the Admin copier upstairs or on the blood bank printer.

11. Positive blood culture bottles:

* When a blood culture goes positive and the culture is finalized, please discard the bactec bottle, don’t leave in incubator. They just pile up and then someone has to go through and check and see which ones are current and which are finished.

12. BACTEC FX printer:

* Printer is not working. BD is sending a new one in the next couple of weeks.
* Asked group if they know how to check the inventory on the screen. Everyone said that they do know how to perform this duty.
* Even when the printer gets fixed, we can continue to check on the screen instead of printing copy.

13. Roundtable:

* Moses:
* Brought up issue with main lab doorbell on the weekend. Core techs took break together and when they were gone someone was ringing the doorbell but micro cannot hear this so no one answered the door. Theresa is going to bring this up at a meeting but the solution might be to get us a speaker so we can hear the doorbell. Problem is we will always have to hear it because might not be able to turn it on and off.
* Wanted to remind everyone again to remove oil from slides before putting in slide rack. Can use gauze or paper towel but make sure majority of oil is off slide before filing?
* When filling out temperature charts make sure you are on the correct day.
* Buffer in TB is expired today. New buffer was ordered on December 15 but has not yet arrived. We will continue to use this buffer until the new one comes. It will be ok.
* David:
* Wanted to make sure that everyone else knew that Internal Medicine is the Medical Center not Medicine.
* Laura S:
* Will be going on vacation on Friday. Moses will be acting. If any issues bring them to him if comfortable or bring to Jennifer. Any stock issues bring to him.
* Vitek 2 validation is complete and waiting for approval from Dynalife. Once done, Biomerieux will be coming up to take away old Vitek and move new one. Until this is done, continue to perform all maintenance on Vitek Compact as we do not know how long this is going to take.