



Stanton Territorial Hospital

P.O. Box 10, 550 Byrne Road
YELLOWKNIFE NT X1A 2N1

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Distribution:

Microbiology Specimen Processing Manual

Effective: 28 April, 2017

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Next Review: 28 April, 2019

Document Name: Referral of Category A Specimens to Provincial Laboratory

Approved By:

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

Status: **APPROVED**

PURPOSE: To ensure microbiology Category A specimens are being sent for referral testing to ProvLab in Edmonton appropriately.

SAMPLE INFORMATION:

The following SAMPLES need to be sent to ProvLab for referral testing:

- Positive MGIT, LJ tubes or direct smear positive concentrates
- Brucella species culture
- Refer to TDG for a complete list of Category A pathogens

SUPPLIES:

- Category A box
- Category A package supplies
- Consignee sticker
- Shipper sticker
- Provincial Laboratory Requisition
- Fax coversheet
- Shippers Declaration for Dangerous Goods
- DynaLIFE Spec.TR.E container barcodes
- Buffalo Express waybill

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, or 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.

All patient specimens are assumed to be potentially infectious. Universal precautions must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

PROCEDURE INSTRUCTIONS:

On the ProvLab requisition, fill out ordering physician information:

- Our location information is pre-printed on the requisition.
- The location information for the Chief Medical Officer of Health is also pre-printed on the requisition.
- Only the ordering physician code needs to be added.

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- **To find physician code:**
 - a) Open patient report in **Order Entry**
 - b) Ensure **Edit Mode** is activated. Click on **Req. by:**
 - c) The Physician code and report location code is located in **UPIN#**

Third ID	NPI#	UPIN#	Route ID
	EMR	YPCC/K7684	

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Fill in all sections highlighted in yellow to complete ProvLab requisition for AFB:



Accession # (fab only)

ProvLab Reference Requisition

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

Edmonton Site: 8440-112 St T6G 2J2
Phone: 780.407.7121 Fax: 780.407.3864

Calgary Site: 3330 Hospital Dr NW T2N 4W4
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) Station Territorial Health Authority Laboratory (Bacteriology)		Copy to (last, first) Chief Medical Officer of Health	Copy to (last, first)	
	Location/Facility/Address #550 Byrne Road P.O. Box 10, Yellowknife NT X1A 2N1		Location/Facility/Address Dept of Health and Social Services Government of Northwest Territory		Location/Facility/Address
	Phone 867-869-4162	Fax 867-869-4141	Phone 867-767-9066	Fax 867-873-0442	Phone
	Healthcare Provider ID YEL05291		Healthcare Provider ID YHPU / 07361		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 checked="" type="checkbox"/> Organism Identification		<input type="checkbox"/> Campylobacter M RFCAMPY		Suspected ID Positive	
<input checked="" type="checkbox"/> Antibiotic Susceptibility specify antibiotics		<input type="checkbox"/> E.coli O157 IM RFECO157		MGIT / LJ	
<input type="checkbox"/> Surveillance		<input type="checkbox"/> Salmonella M RFSALM		Gram Stain	
<input type="checkbox"/> Storage		<input type="checkbox"/> Shigella M RFSHIG		Growth Conditions	
<input type="checkbox"/> VRE		<input type="checkbox"/> Vibrio M RFVIBRIO		O ₂	
<input type="checkbox"/> Serotyping/Serogrouping		<input type="checkbox"/> Enteric Other (specify) <input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia		CO ₂	
<input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY)		<input type="checkbox"/> Anaerobe M RFANA		ANA	
<input type="checkbox"/> Group A Streptococcus M SEROGAS		<input type="checkbox"/> Listeria M RFOTH		Biochemicals	
<input type="checkbox"/> Group B Streptococcus M SEROGBS		<input type="checkbox"/> Fungus/Yeast M RFFUNG		Oxidase	
<input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE		<input checked="" type="checkbox"/> Mycobacteria M RFAFB		Catalase	
<input type="checkbox"/> Haemophilus influenzae M SEROHAEM		<input type="checkbox"/> Neisseria gonorrhoeae M RFGC		Commercial ID	
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Nocardia M RFNOC			
		<input type="checkbox"/> VRE confirmation M RFOTH			
		<input type="checkbox"/> Other (specify)			

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- Circle MGIT or LJ depending on which tube is being sent

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

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



STANTON TERRITORIAL HEALTH AUTHORITY

Stanton Territorial Hospital – Microbiology Laboratory

550 Byrne Road - Yellowknife, NT X1A 2N1

Phone: 867 669-4162

Fax: 867 669-4141

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To: Provincial Laboratory Edmonton (TB)	From: STHA Microbiology Laboratory
Fax: 1 (780) 407 3864	Pages:
Phone: 1 (780) 407 7121	Date:
Re: Transfer of Human Pathogens (L-R3-39987-16-OI-01)	CC: sth_biosafety@gov.nt.ca

STHA Microbiology laboratory is transferring a package containing a Risk Group 3 Human pathogen to your facility

The 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

Name of STHA employee sending sample _____ Signature _____

CONFIDENTIAL WARNING

The documents accompanying this transmission contain confidential information intended for a specific individual and

NOTE: This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be checked against electronic version prior to use.

Fill in all sections highlighted in yellow to complete the Shippers Declaration.
There needs to be 2 original completed forms (they cannot be photocopied):

SHIPPER'S DECLARATION FOR DANGEROUS GOODS (Provide at least three copies to the airline.)

Shipper: Laboratory
 Stanton Territorial Hospital
 Box 10, 550 Byrne Road
 Yellowknife, NT X1A 2N1
 Phone: (867) 669-4162

Air Waybill No.
 Page 1 of 1 Pages
 Shipper's Reference Number: (optional)

Consignee: Provincial Laboratory c/o
 DynaLife Dx Medical Laboratories
 200-10150, 102 Street NW
 Edmonton, AB T5J 5E2

This shipper's declaration was prepared using a FedEx Express template. It must be used ONLY for:
 * Class 7 radioactive shipments
 * Shipments using an O23 air waybill (IP1, IXF or ATA service)
 * Shipments originating from a non-US location

Two completed and signed copies of this Declaration must be handed to the operator

TRANSPORT DETAILS

This shipment is within the limitations prescribed for: (delete non applicable)
 Airport of Departure: Yellowknife, NT

FASSENGER AND CARGO AIRCRAFT / CARGO AIRCRAFT ONLY

Airport of Destination:

Warning: Failure to comply with all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.

Shipment type: (delete non-applicable)
 NON-RADIOACTIVE / RADIOACTIVE

NATURE AND QUANTITY OF DANGEROUS GOODS

Dangerous Goods Identification						
UN or ID No.	Proper Shipping Name	Class or Divis. (if applicable)	Pack- ing Group	Quantity and type of packaging	Packing Inst.	Authorization
UN 2814	Infectious Substance, affecting humans (Mycobacterium tuberculosis)	6.2	II	1 fibreboard box x 8 mL	620	

Additional Handling Information

Name and Telephone Number of Person Responsible: (867) 669-4162

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable International and National Governmental Regulations. I declare that all of the applicable air transport requirements have been met.

Name/Title of Signatory: Medical Laboratory Technologist
 Place and Date: Yellowknife, NT
 Signature: (see warning above)

CANUTEC 1-613-996-9999 Emergency Telephone Number

FOR RADIOACTIVE MATERIAL SHIPMENT ACCEPTABLE FOR PASSENGER AIRCRAFT THE SHIPMENT CONTAINS RADIOACTIVE MATERIAL INTENDED FOR USE IN OR INCIDENT TO RESEARCH, MEDICAL DIAGNOSIS OR TREATMENT. ADR EUROPEAN TRANSPORT STATEMENT. CARRIAGE IN ACCORDANCE WITH 1.1.4.2.1

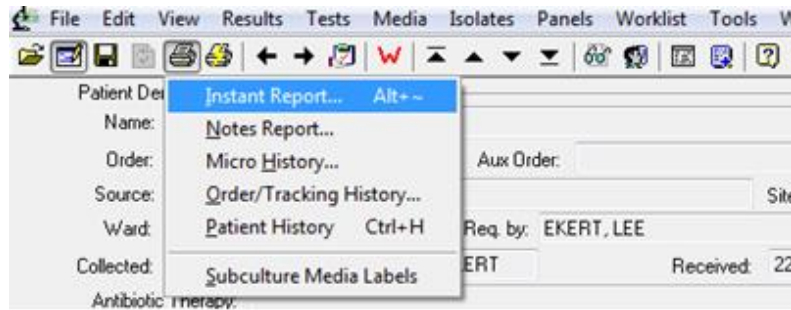
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- In quantity and type of packaging, list if you are sending MGIT or LJ, number of tubes being sent and volume size, which is 8 mL.

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Print a hardcopy of LIS report:

a) In result entry, select the printer icon on tool bar – select **“Instant Report”**:



- b) Select **“Yes”** to save and **“Ok”** to patient discharged
- c) Select the **“Print To”** pull down menu and choose **S01_LabMain_Xerox5330**
- d) Select **“Ok”**
- e) Report will print on Xerox in Main Laboratory.

Order a referred test in result entry screen:

- a) Select **“Add Test”**
- b) Choose appropriate reference code:
?REFE – ProvLab Edmonton
- c) Select **“Ok”**
- d) Add a period (.) in the results line
- e) Final report the test line

Fill in all sections highlighted in yellow to complete the Buffalo Waybill:

BUFFALO PARCEL COURIER SERVICE LTD., 1000 BUFFALO DRIVE, HAY RIVER, N.W.T. X0E 0R9 EDMONTON (780) 455-9283 HAY RIVER (867) 874-3307 CALGARY (403) 271-3887 YELLOWKNIFE (867) 873-2084 T # R 100668765 TOLL FREE 1 800 465 3168		B590596	
HOSP. LABORATORY (ACCEPTABLE)	PICK-UP COURIER	TIME AM PM	PREPAID <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/>
NT PROVINCE	DESCRIPTION OF ITEMS Infectious Substance Affecting Humans DANGEROUS GOODS AS PER ATTACHED SHIPPER'S Declaration	No. PKGS (ENV)	CUSTOMER NO. 4142
E NUMBER 669 4373	SPECIAL INSTRUCTIONS	Kg Lbs.	COURIER TARIFF
CEPTABLE) 02 ST PROVINCE	SHIPPER'S SIGNATURE S 16N PRINT	DECLARED VALUE \$ NDV	INTER-LINE ADVANCE
AB PROVINCE	CARBAGE SUBJECT TO THE FOLLOWING CONDITIONS IN ADDITION TO THOSE ON BACK 1. CARRIER WILL NOT BE RESPONSIBLE FOR FAILURE TO PERFORM OR COSTS INCURRED FOR DELAYS IN SHIPPING. 2. UNLESS SPECIFICALLY AGREED IN WRITING CARRIER IS LIMITED TO RESTRICTED LIABILITY AS DESCRIBED ON REVERSE SIDE OF THIS BILL. WARNING - ALL DANGEROUS GOODS MUST BE DISCLOSED TO THE CARRIER. - SEE REVERSE SIDE	INTERLINE/CUSTOMER REFERENCE No.	DECLARED VALUE CHARGE
E NUMBER	TOTAL	OTHER	G.S.T.
THIS PART IS TO BE REMOVED ONLY BY THE PICK-UP COURIER			IMPORTANT SEE REVERSE

Photocopy all papers and staple together. Hole punch photocopy stack and place in Pending Referral Binder under the ProvLab Category A tab.

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9	Pack specimen up according to TDG Category A regulations, send original paperwork with specimen.
10	Email completed coversheet to STH Biosafety.
11	<p>Track the specimen to DynaLIFE using the SPEC.TR.E Specimen Tracking Engine:</p> <p>Follow the instructions on the quick reference sheet. Barcode container labels are kept on the TB CO₂ incubator. Area barcode is located on the bench in the TB workarea.</p>
12	Place Category A box on on the countertop in the lab assistant area with Buffalo waybill and two copies of the Shippers Declaration forms on the top.

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REFERENCES:

- ProvLab Reference requisition, Doc ID: 19 193, revised 2016-02
- DynaLIFE Spec.Tr.E Quick Reference Sheet,

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 2017	Initial Release	L. Steven
2.0	25 Feb 2019	Updated to reflect use of DynaLIFE Spec.Tr.E specimen tracking engine	L. Steven

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