



Stanton Territorial Hospital

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

Document Number: MIC10510

Version No: 2.0

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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 B specimens to DynaLIFE and Provincial Laboratory

Approved By:

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

Status: APPROVED

PURPOSE: To ensure microbiology Category B specimens are being sent for referral testing to DynaLIFE or ProvLab appropriately.

SUPPLIES:

- Copan Transystem® Culture swab transport system (with or without charcoal)
- A.C.T.I anaerobic transport tubes
- Category B box
- Category B package supplies

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.

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FILENAME: MIC10510ReferralofCategoryBSpecimenstoDynaLIFEandProvincialLaboratoryPRO

Print Date: 3/7/2019 10:55:00 AM

PROCEDURE INSTRUCTIONS:

On the DynaLIFE or ProvLab requisition, fill out 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
T5J 5E2
Toll Free: 1 – 800 – 661 – 9876
Fax: (780) 453 – 9425 (Microbiology)

ISOLATE SUBMISSION FORM [Complete all sections]

DOB: _____
Patient Address (Required for Notifiable Organisms): _____
City: _____ Postal Code: _____
Physician's Code: _____ Report Location: _____
Submitting Lab Number: _____
Specimen Source: _____
Specimen Collection Date: _____
Submission Date: _____
Control notified: Yes No (if required)

Callout 1: Our laboratory information and location is pre-typed into the form

Callout 2: Add in ordering physicians code and the location this physician works out from

- **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

Accession # (lab only) _____

ProvLab Reference Requisition

Complete and forward to appropriate Provincial Laboratory for Public Health:
 Edmonton Site Phone: 780.403.3864
 Calgary Site Phone: 403.270.2216

PHN: _____ Alternate Identifier: _____ Date of Birth (yyyy-Mon-dd): _____

Patient

Last Name: _____ First Name: _____ Gender: M F Phone: _____
 Address: _____ City/Town: _____ Prov: _____ Postal Code: _____ Location: _____

Requestor (s)

Requestor Name (last, first): **Stanton Territorial Health Authority Laboratory (Bacteriology)** Copy to (last, first): _____ Copy to (last, first): _____
 Location/Facility/Address: **#550 Byrne Road P.O. Box 10, Yellowknife NT X1A 2N1** Location/Facility/Address: _____ Location/Facility/Address: _____
 Phone: **867-669-4162** Fax: **867-669-4141** Phone: _____ Phone: _____
 Healthcare Provider ID: **YEL05291** Healthcare Provider ID: _____ Healthcare Provider ID: _____

Callout 1: Our laboratory information and location is typed into the form

Callout 2: Add in ordering physicians name, address and code

- **To find physician code:**
 - Open patient report in **Order Entry**
 - Ensure **Edit Mode** is activated. Click on **Req.by:**
 - 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 DynaLIFE requisition:



Suite 200, 10150 – 102 Street
Edmonton, AB
T5J 5E2
Toll Free: 1 – 800 – 661 – 9876
Fax: (780) 453 – 9425 (Microbiology)

REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections]	
Patient Name: Patient's PHN: Patient's DOB: Patient Address (Required for Notifiable Organisms): City: Postal Code: Phone #:	Submitting Facility Address: Physician's Code: Report Location: Submitting Lab Number: Specimen Source: Specimen Collection Date: Submission Date:
Clinical History: Current Antibiotics: Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required)	
SUPPORTING DATA [Complete all relevant sections]	
Test Requested: <input type="checkbox"/> Gram Smear Interpretation <input type="checkbox"/> Identification <input type="checkbox"/> MRSA confirmation <input type="checkbox"/> Susceptibility <input type="checkbox"/> Freeze Only <input type="checkbox"/> Organism Identification: _____	
Was this a pure culture? <input type="checkbox"/> Yes <input type="checkbox"/> No (list other isolates)	
Direct Smear Results:	Growth Requirements: <input type="checkbox"/> Aerobe <input type="checkbox"/> Anaerobe
Oxidase: Catalase: Other Tests: Gram Stain:	
Commercial Identification System & Susceptibility Results: (Attach Copy of Automated Results)	
Identification (Suspected): Attach copy of Vitek printout and hardcopy of LIS report	
DynaLIFE _{Dx} LABORATORY RESULTS	
Tests Performed: <input type="checkbox"/> MicroScan <input type="checkbox"/> API <input type="checkbox"/> Vitek 2	
Final Identification:	
Susceptibility Results: <input type="checkbox"/> Kirby Bauer <input type="checkbox"/> E-Test <input type="checkbox"/> MIC Vitek 2/MicroScan	
Comments:	
Freeze #: For Notifiable Organisms: MOH and/or Infection control must be notified by DynaLIFE _{Dx} : <input type="checkbox"/> Copy to or <input type="checkbox"/> Phoned and Copy to DynaLIFE _{Dx} Accession #	
Date Information returned to sender:	
Technologist:	Verified:

DynaLIFE_{Dx}
Proprietary/Confidential

Doc ID: MIC-FM-0007382
Revised: 08-Oct-2008

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Fill in all sections highlighted in yellow to complete ProvLab 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
Phone: 780.407.7121 Fax: 780.407.3864

Calgary Site: 3030 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)	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		<input type="checkbox"/> Salmonella M RFSALM	
<input type="checkbox"/> Surveillance		<input type="checkbox"/> Shigella M RFSHIG		Gram Stain	
<input type="checkbox"/> Storage <input type="checkbox"/> VRE M RFSTORE		<input type="checkbox"/> Vibrio M RFVIBRIO		Growth Conditions O ₂ CO ₂ ANA	
<input type="checkbox"/> Serotyping/Serogrouping		<input type="checkbox"/> Enteric Other (specify) <input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia		Biochemicals	
<input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY)		<input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other		Oxidase Catalase	
<input type="checkbox"/> Group A Streptococcus M SEROGAS		<input type="checkbox"/> Anaerobe M RFANA		Commercial ID	
<input type="checkbox"/> Group B Streptococcus M SEROGBS		<input type="checkbox"/> Listeria M RFOTH		Attach Vitek Printout and hardcopy of LIS report	
<input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE		<input type="checkbox"/> Fungus/Yeast M RFFUNG			
<input type="checkbox"/> Haemophilus influenzae M SEROHAEM		<input type="checkbox"/> Mycobacteria M RFAFB			
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Neisseria gonorrhoeae M RFGC			
<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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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

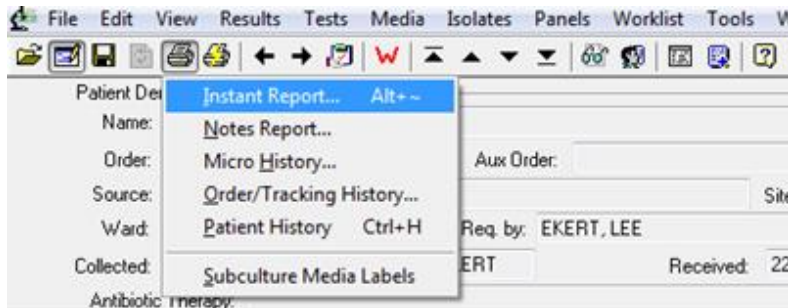
STHA employee sending sample _____ Signature _____

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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5	<p><u>Print a hardcopy of LIS report:</u></p> <p>a) In result entry, select the printer icon on tool bar – select “Instant Report”:</p>  <p>b) Select “Yes” to save and “Ok” to patient discharged</p> <p>c) Select the “Print To” pull down menu and choose S01_LabMain_Xerox5330</p> <p>d) Select “Ok”</p> <p>e) Report will print on Xerox in Main Laboratory.</p>
6	<p><u>Order a referred test in result entry screen:</u></p> <p>a) Select “Add Test”</p> <p>b) Choose appropriate reference code: ?REFD – DynaLIFE ?REFE – ProvLab Edmonton ?REFC – ProvLab Calgary</p> <p>c) Select “Ok”</p> <p>d) Add a period (.) in the results line</p> <p>e) Final report the test line</p>
7	Print off any Vitek reports that have been performed on the organism being referred
8	Photocopy all papers and staple together. 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).
9	Pack specimen up according to TDG Category B regulations, send original paperwork with specimen.
10	Email completed coversheet to STH Biosafety.
11	Place Category B box into DynaLIFE Referral Cooler.

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	Version No: 2.0	Page: 7 of 7
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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 2016-02

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 finalizing of referred out testing order	L. Steven