

**Stanton Territorial Hospital**P.O. Box 10, 550 Byrne Road  
YELLOWKNIFE NT X1A 2N1

Document Number: MIC10520

Version No: 2.0

Page: 1 of 6

**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 Category B specimens are being sent for referral testing to the National Microbiology Laboratory (NML) appropriately.

**SAMPLE INFORMATION:**

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 meningitides* from invasive sites

**SUPPLIES:**

- Copan Transystem® Culture swab transport system (with or without charcoal)
- NML requisition
- 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: MIC10520ReferralofCategoryBspecimenstoNMLPRO

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

**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										Public Health Agency of Canada / Agence de la santé publique du Canada				Canada		
CONTACT NAME: <sup>1</sup> Laura Steven										<b>CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS</b> Streptococcus and STI Unit Bacteriology and Enteric Diseases Division National Microbiology Laboratory 1015 Arlington Street, Winnipeg, MB R3E 3R2 Office: (204) 789-5063 Lab: (204) 789-5015 Fax: (204) 789-5012 Email: NML.StrepSTI@phac-aspc.gc.ca				NML USE ONLY		
ORGANIZATION: Stanton Territorial Hospital																
ADDRESS: 550 Byrne Road, P.O. Box 10																
CITY: Yellowknife																
PROVINCE: NT					POSTAL CODE: X1A2N1											
TELEPHONE: (867) 963-4162					FAX: (867) 969-4141											
EMAIL: laura_steven@gov.nt.ca																
CULTURE INFORMATION <sup>2</sup>										SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS				NML USE ONLY		
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)	S. pneumoniae	S. pyogenes (GAS)	S. agalactiae (GBS)	OTHER ORGANISM <sup>3</sup>	SUBMITTED PRELIMINARY LAB RESULT	NML USE ONLY		
			BLOOD	CSF	OTHER <sup>4</sup>	SEX (M/F)								RECEIVED	DATE & TIME	BY
COMMENTS AND ADDITIONAL INFORMATION										NML USE ONLY		DATE & TIME		BY		
For International Circumpolar Surveillance (ICS)										RECEIVED						
										DATA VERIFIED						

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

<sup>1</sup> Names to provide ICS (ICIS).  
<sup>2</sup> Complete not accompanied by relevant patient information and clinical history may be subject to rejection. For client acceptance criteria refer to the NML Guide to Services.  
<sup>3</sup> These isolates will be screened for S. pneumoniae and S. pyogenes. 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.  
<sup>4</sup> Please do not submit isolates or data from non-invasive sites (spitum, middle ear fluid, etc) unless 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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Public Health Agency of Canada / Agence de la santé publique du Canada

Canada  
Protected B when complete

**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**

**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

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

STHA Laboratory is transferring a package containing a Risk Group 2 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](mailto:sth_biosafety@gov.nt.ca)

Thank you

Name of STHA employee sending \_\_\_\_\_ Signature \_\_\_\_\_

**CONFIDENTIAL WARNING**

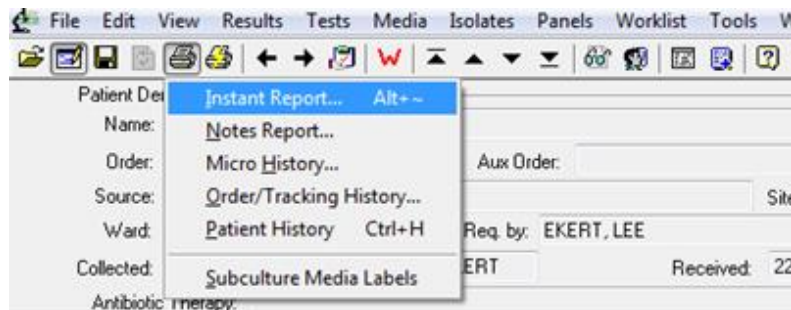
The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking 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, 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: **?REFN – NML**
- 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 FedEx Waybill:**

The image shows a FedEx Intra-Canada Air Waybill form. Sections 1, 3, 4, 5, 6, 7, 8, 9, and 10 are highlighted in yellow. Section 1 contains sender information for STANTON YELLOUKNIFE HEALTH. Section 3 contains recipient information for NATIONAL MICROBIOLOGY LAB. Section 4 contains shipment details. Section 5 contains service options. Section 6 contains packaging information. Section 7 contains special handling instructions. Section 8 contains payment information. Section 9 contains signature requirements. Section 10 contains required signature information. The form also includes a tracking number 8023 4789 1497 and a barcode.

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<b>7</b>	Photocopy all papers and staple together. Hole punch photocopy stack and place in the NML Send Out Forms and Pending Referral binder under the NML Pending Referrals tab.
<b>8</b>	Pack specimen up according to TDG Category B regulations, send original paperwork with specimen.
<b>9</b>	Email completed coversheet to STH Biosafety.
<b>10</b>	Place box on on the countertop in the lab assistant area with FedEx waybill on the top.

**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
2.0	25 Feb 2019	Updated to reflect finalizing of referred out testing order	L. Steven

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