

**Stanton Territorial Hospital**

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

Document Number: MIC10500**Version No:** 2.0

Page:1

Distribution:**Microbiology Specimen Processing Manual****Effective:** 28 April, 2017**Date Reviewed:** 28 April, 2017**Next Review:** 28 April, 2019**Document Name:** Referral of Category A Specimens to ProvLab**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 appropriately.

SAMPLE INFORMATION:

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

- Any suspected Category A pathogens

SUPPLIES:

- Provincial Laboratory Requisition
- Category A box
- Category A package supplies
- Biosafety fax coversheet
- Shippers Declaration for Dangerous Goods
- DynaLIFE Spec.TR.E area barcode
- 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 potentially 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 to 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: MIC10500ReferralofCategoryASpecimenstoProvincialLaboratoryPRO

Print Date: 9/17/2019 11:03:00 AM

PROCEDURE INSTRUCTIONS:

On the ProvLab requisition, fill out ordering physician information:

- Stanton location information is pre-typed on the requisition.
- Only the ordering physician name and provider ID need to be added.



Reference Organism and Surveillance Requisition

Accession # (lab only)

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

Requestor	Submitting Lab Name Stanton Territorial Hospital	Submitting Lab Address 548 Bryne Road, P.O. Box 10	Copy to: Healthcare Provider ID:		
	City/Town Yellowknife	Province NT	Postal Code X1A 2N1	Phone Number 867-767-9300 x46691	

1

- **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	

- Place a "Please CC" sticker on requisition.
- Select the correct sticker depending on the patient's originating location, NWT or Nunavut.



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CC:
**YHPU
 O7361**
 (Attn: CMOH Officer-867-873-0442)

Please CC:
 "Communicable Disease Nurse"
 Dept of Health & Social Services
 Government of Nunavut
 PH: (867) 983-4070
 FAX: (867) 983-4088

Submitting Lab Name	Submitting Lab Address
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Fill in all sections highlighted in yellow to complete ProvLab requisition:



Reference Organism and Surveillance Requisition

Accession # (lab only)

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Phone: 780.407.7121 Fax: 780.407.3864

□ Calgary Site: 3030 Hospital Dr NW T2N 4W4
Phone: 403.944.1200 Fax: 403.270.2216

Requestor	Submitting Lab Name Stanton Territorial Hospital		Submitting Lab Address 548 Bryne Road, P.O. Box 10		Copy to: Healthcare Provider ID:	
	City/Town Yellowknife		Province NT	Postal Code X1A 2N1	Phone Number 867-767-9300 x46681	
Patient	PHN		Alternate Identifier		Date of Birth (yyyy-Mon-dd)	
	Last Name		First Name		Middle	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Address		City/Town	Prov	Postal Code	Location
Collection	Date (yyyy-Mon-dd)	Time (24 hr)		Location		Collector ID
Date Submitted (yyyy-Mon-dd)		Specimen Source			Submitting Lab Specimen Number	
Clinical Diagnosis				Travel History		
Non-enteric Organism		Enteric Organism			Submitting Laboratory Information	
<input type="checkbox"/> Identification for unknown organism <input type="checkbox"/> Antibiotic Susceptibility specify antibiotics <input type="checkbox"/> CPO confirmation Organism <input type="checkbox"/> Anaerobe M RFANA <input type="checkbox"/> Listeria M RFOTH <input type="checkbox"/> Diphtheria Toxin Testing M RFOTH <input type="checkbox"/> Fungus/Yeast M RFFUNG <input type="checkbox"/> Mycobacteria M RFAFB <input type="checkbox"/> Neisseria gonorrhoeae M RFGC <input type="checkbox"/> Nocardia M RFNOC <input type="checkbox"/> Other Test Request (specify) <input type="checkbox"/> VRE Confirmation M RFOTH		<input type="checkbox"/> Identification <input type="checkbox"/> Surveillance <input type="checkbox"/> Susceptibility M RFOTH <input type="checkbox"/> Campylobacter M RFCAMPY <input type="checkbox"/> Campylobacter FOODNET M RFSTORE (FOODNET#FD-14-1) <input type="checkbox"/> E.coli O157 M RFEC <input type="checkbox"/> Salmonella species M RFSALM <input type="checkbox"/> Salmonella Typhi M RFSALM <input type="checkbox"/> Shigella M RFSHIG <input type="checkbox"/> Query Shigella/E. coli M RFENT <input type="checkbox"/> Shiga Toxin positive E. coli (Non-O157) M RFEC <input type="checkbox"/> Vibrio M RFVIBRIO <input type="checkbox"/> Enteric Other (specify) M RFENT <input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia <input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other			Suspected ID Gram Stain Growth Conditions O ₂ CO ₂ ANA Biochemicals Oxidase Catalase	
MRSA Surveillance		Serotyping/Serogrouping/Surveillance			VMS ID:	
<input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing <input type="checkbox"/> 1st Clinical isolate (every 12 months) <input type="checkbox"/> Blood isolate (every 14 days) <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> LTCF		<input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (isolates only on PLSA site ONLY) <input type="checkbox"/> Group A Streptococcus M SEROGAS <input type="checkbox"/> Group B Streptococcus M SEROGBS <input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE <input type="checkbox"/> Haemophilus influenzae M SEROHAEM			Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:	
Laboratory Use Only						

2

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
548 Byrne Road, PO Box 10 - Yellowknife, NT X1A 2N1
Phone: 867 767-9300 ext 46691
Fax: 867 669-4141

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-R3-39987-19-RY-00) CC: sth_biosafety@gov.nt.ca
dynamlife.consulting@dynamlifedx.com
david.litwin@dynamlifedx.com
bob.verity@dynamlifedx.com
specmgmt.group@dynamlifedx.com

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) 767 9300 ext. 46691 AND email sth_biosafety@gov.nt.ca
Thank you
Name of STHA employee sending sample: Signature:

CONFIDENTIAL WARNING

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3

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):

4

SHIPPER'S DECLARATION FOR DANGEROUS GOODS

Print Form

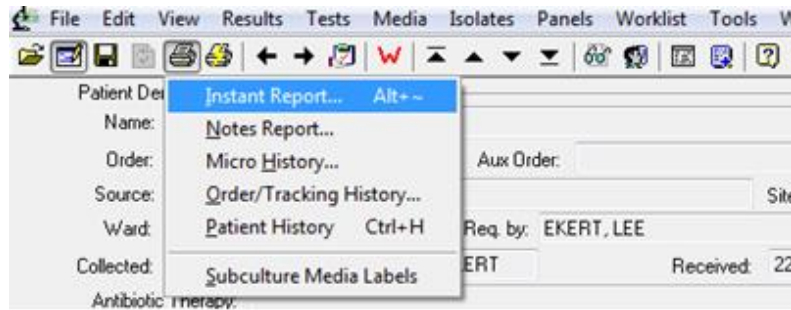
Shipper Microbiology Laboratory Stanton Territorial Hospital Box 10, 548 Bryne Road Yellowknife, NT X1A 2N1 Phone: (867) 797-9300 ext. 46691		Air Waybill No. Page 1 of 1 Pages Shipper's Reference Number (optional)				
Consignee Provincial Laboratory c/o DynaLife Dx Medical Laboratories 200-10150, 102 Street NW Edmonton, AB T5J 5E2		For optional use for Company logo name and address				
Two completed and signed copies of this Declaration must be handed to the operator.		WARNING Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.				
TRANSPORT DETAILS						
This shipment is within the limitations prescribed for: (delete non-applicable)		Airport of Departure: Yellowknife, NT				
<input type="checkbox"/> PASSENGER AND CARGO AIRCRAFT	<input checked="" type="checkbox"/> DANGEROUS AIRCRAFT ONLY					
Airport of Destination:		Shipment type: (delete non-applicable) NON-RADIOACTIVE <input checked="" type="checkbox"/> RADIOACTIVE				
NATURE AND QUANTITY OF DANGEROUS GOODS						
Dangerous Goods Identification						
UN or ID No.	Proper Shipping Name	Class or Division (Subsidiary Risk)	Pack- ing Group	Quantity and type of packing	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)767-9300 X 46691						
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 labeled/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 Place and Date Signature (see warning above)		

- In quantity and type of packaging, list what type of sample you are sending 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 **STH0116X405**

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 PHONE: EDMONTON (780) 455-9283 HAY RIVER (867) 874-3307 CALGARY (403) 271-3887 YELLOWKNIFE (867) 873-2084 T # R100668765 TOLL FREE 1 800 465 3168		B590596	
HOSP. LABORATORY (ACCEPTABLE) NT PROVINCE E NUMBER 669 4373		PICK-UP COURIER TIME AM PM PREPAID <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/>	CUSTOMER NO. 4142
SPECIAL INSTRUCTIONS DANGEROUS GOODS AS PER ATTACHED SHIPPER'S Declaration		DESCRIPTION OF ITEMS Infectious Substance Affecting Humans	COURIER TARIFF INTER-LINE ADVANCE DECLARED VALUE CHARGE OTHER
SHIPPER'S SIGNATURE S16IN		DECLARED VALUE \$ IMPORTANT NDV	INTERLINE/CUSTOMER REFERENCE No. OTHER
CARRIAGE 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		G.S.T. TOTAL	IMPORTANT SEE REVERSE

Photocopy all papers and staple together. Hole punch photocopy stack and place in the DynaLIFE and ProvLab Pending Referrals binder. Ensure the report is filed under the correct tab (ProvLab, Cat A).

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9	Pack specimen up according to TDG Category A regulations, send original paperwork with specimen.
10	Email completed coversheet to email locations listed.
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 Work Room CO₂ incubator. Area barcode is located on the bench in the TB Work Room.</p>
12	Place Category A box on on the countertop in the lab assistant area with Buffalo waybill and two original 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
3.0	16 Jun 2019	Updated to reflect new hospital address	L. Steven

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