



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

Date Reviewed: 28 April, 2017

Next Review: 28 April, 2019

Document Name: Referral of Category B specimens to DynaLIFE and ProvLab

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
- DynaLIFE or ProvLab requisition
- Category B box
- Category B package supplies
- Biosafety fax coversheet

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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PROCEDURE INSTRUCTIONS:

On the DynaLIFE or ProvLab requisition, fill out ordering physician information:

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



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

Patient Name:		Submitting Facility Address:	
Patient's PHN:	Patient's DOB:	Northwest Territories Health & Social Services Authority (NTHSSA) Bacteriology Laboratory.	
Patient Address (Required for Notifiable Organisms):		548 Byrne Rd, P.O. Box 10, Yellowknife NT X1A 2N1	
		Phone (867-767-9300 ext.46691) Fax (867-669-4141)	
		Copy to: Physician's Code: 05291 Report Location: YEL	
City:	Postal Code:	Physician's Code:	Report Location:
Phone #:		Submitting Lab Number:	
Clinical History:		Specimen Source:	
Current Antibiotics:		Specimen Collection Date:	
Medical Officer of Health and/or Infection Control notified :		Submission Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No (if required)			

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Accession # (lab only)

Reference Organism and Surveillance 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

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

- **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)

Patient Name:		Submitting Facility Address:	
Patient's PHN:		Northwest Territories Health & Social Services Authority	
Patient's DOB:		(NTHSSA) Bacteriology Laboratory,	
Patient Address (Required for Notifiable Organisms):		548 Byrne Rd, P.O. Box 10, Yellowknife N1 X1A 2N1	
		Phone (867-767-9300 ext.46691) Fax (867-669-4141)	
		Copy to: Physician's Code: 05291 Report Location: YEL	
City:	Postal Code:	Physician's Code:	Report Location:
Phone #:		Submitting Lab Number:	
Clinical History:		Specimen Source:	
Current Antibiotics:		Specimen Collection Date:	
Medical Officer of Health and/or Infection Control notified :		Submission Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No (if required)			

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 ** 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) :		

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:



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 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						

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Fill in all sections highlighted in yellow to complete the fax coversheet for samples going to DynaLIFE:



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: DynaLife Dx Microbiology Laboratory	From: STHA Microbiology Laboratory
Fax: 1 (780) 453 9425	Pages: [Yellow]
Phone: 1 (800) 661 9876	Date: [Yellow]
Re: Transfer of Human Pathogens (L-R2-09731-16-XN-03)	CC: sth_biosafety@gov.nt.ca

STHA Microbiology laboratory is transferring a package containing a Risk Group 2 Human pathogen to your facility

The sample is to be directed to the [Yellow] program.

Weigh Bill number of this shipment is [Yellow].

If you do **NOT** receive this package within 72 hours of this notification, please inform the STHA microbiology laboratory at (867) 767-9300 X 46691 **AND** email sth_biosafety@gov.nt.ca

Thank you

Name of STHA employee sending sample [Yellow] Signature [Yellow]

CONFIDENTIAL WARNING

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Fill in all sections highlighted in yellow to complete the fax coversheet for samples going to ProvLab:



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	From: STHA Microbiology Laboratory
Fax: 1 (780) 407 3864	Pages: [Yellow]
Phone: 1 (780) 407 7121	Date: [Yellow]
Re: Transfer of Human Pathogens (L-R2-09731-16-XN-03)	CC: sth_biosafety@gov.nt.ca

STHA Microbiology laboratory is transferring a package containing a Risk Group 2 Human pathogen to your facility

The sample is to be directed to the [Yellow] program.

Weigh Bill number of this shipment is [Yellow]

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

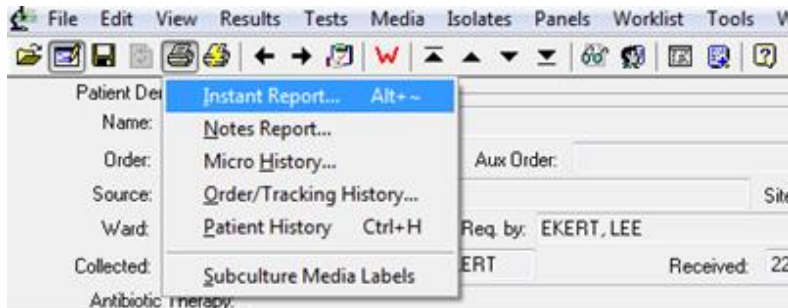
Thank you

Name of STHA employee sending sample [Yellow] Signature [Yellow]

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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 STH0116_X405</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</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 the DynaLIFE and ProvLab Pending Referrals 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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Document Name: Referral of Category B specimens to DynaLIFE and Provincial Laboratory	Document Number: MIC10510	
	Version No: 3.0	Page: 8 of 8
	Effective: 28 April, 2017	

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
3.0	19 Jun 2019	Update to reflect new hospital address	L. Steven