

<u>PURPOSE:</u> 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.

**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.

FILENAME: MIC10510ReferralofCategoryBSpecimenstoDynaLIFEandProvincialLaboratoryPRO Print Date: 9/17/2019 11:03:00 AM

Document Name: Referral of Category B specimens to DynaLIFE and Provincial Laboratory

Document Number: MIC10510

Version No: 3.0 Page: 2 of 8

Effective: 28 April, 2017

## **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.

DynaLIFE<sub>DX</sub>
Diagnostic Laboratory Spervious

Suite 200, 10150 – 102 Street Edmonton, AB T5J 5E2 Toll Free: 1 – 800 – 661 – 987

Toll Free: 1 - 800 - 661 - 9876 Fax: (780) 453 - 9425 (Microbiology)

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

# Alberta Health Services

1

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

ου	Submitting Lab Name Stanton Territorial Hospital	Submitting Lab Address 548 Bryne Road, P.O. Box 10		Copy to: Healthcare Provider ID:					
급		City/Town		Province	Postal Code	Phone Number			
å		Yellowknife		NT	X1A 2N1	867-767-9300 x4669			
- +			_				۰		

- To find physician code:
  - a) Open patient report in Order Entry
  - b) Ensure **Edit Mode** is activated. Click on **Reg.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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Page: 3 of 8

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DynaLIFE <sub>DX</sub> Diagnostic Laboratory Services	o 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: Patient's PHN: Patient's DOB: Patient Address (Required for Notifiable Organisms):  City: Postal Code: Phone #: Clinical History: Current Antibiotics:  Medical Officer of Health and/or Infection Control notified:  Yes No (if required)  Test Requested: Gram Smear Interpretation Identified	Submitting Facility Address: Northwest Territories Health & Social Services Authority (NTHSSA) Bacteriology Laboratory. 548 Byrne Rd, P.O. Box 10, Yellowknife N I X1A 2N1 Phone (867-767-9300 ext. 46691) Fax (867-669-4141) Copy to: Physician's Code: 05291 Report Location: YEL Physician's Code: Report Location: Submitting Lab Number: Specimen Source: Specimen Collection Date: Submission Date:
** ☐ Susceptibility ** ☐ Freez Was this a pure culture? ☐ Yes ☐ No (list other isol	
Oxidase: Catalase: Other Tests:  Commercial Identification System & Susceptibility Results: (At Identification (Suspected):  Tests Performed:	Gram Stain: tach Copy of Automated Results)
	LI AFI
Final Identification:  Susceptibility Results:  Kirby Bauer  E-Test  MIC Vitek 2/MicroScan  Comments:	
Susceptibility Results:  Kirby Bauer  E-Test  MIC Vitek 2/MicroScan	infection control must be   Dynal IEE - Accession #

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Page: 4 of 8

Provincial Laboratory Effective: 28 April, 2017

Reference Organism and Surveillance Requisition  Complete and forward request to appropriate Provincial Laboratory for Public Health.  Edmonton Site 8440-12 St T6G 3J2 Phone: 780 407.712   Fax: 780 407.384   Phone: 403.944.1200   Fax: 403.270.2216  Submitting Lab Name Stanton Territorial Hospital  Submitting Lab Address Stanton Territorial Hospital  First Name Stanton Territorial Hospital  PHN Alternate Identifier Phone: 403.944.1200   Fax: 403.270.2216  Copy to: City/Town Province Postal Code Phone Number Vellowknife NT X1A 2N1   S67.767-9300.486  Phone: 403.944.1200   Fax: 403.270.2216  Copy to: Province Postal Code Phone Number Vellowknife NT X1A 2N1   S67.767-9300.486  Collection Date (pypy-Mon-dd)   Time (24 In)   Location   Collector ID  Date Submitted (pypy-Mon-dd)   Specimen Source   Submitting Lab Specimen Number Vellowknife   Submitting Lab Specimen Numb	ŀ	Alberta Health Services					Acc	ession # (lab (	only)
Calgary Site: 340-112 St. TSG. 2/2	Re	ference Organism and S	urve	illance Requis	ition				
Phone: 780.407.7121 Fax: 780.407.3864 Phone: 403.944.1200 Fax: 403.270.2216    Submitting LabName   Submitting LabAddress   Submitting LabAddress   Stanton Territorial Hospital   S48 Bryne Road, P.O. Box 10   Province						-			
Stanton Territorial Hospital  548 Bryne Road, P.O. Box 10  City/Town Yellowknife  PHN Alternate Identifier  Province On a pate of Birth (yyyy-Mon-dd)  Last Name  First Name  First Name  City/Town Prov Postal Code On pate of Birth (yyyy-Mon-dd)  Date of Birth (yyyy-Mon-dd)  City/Town Prov Postal Code  Collection Date (yyyy-Mon-dd)  Date Submitted (yyyy-Mon-dd)  Date Submitted (yyyy-Mon-dd)  Specimen Source  Cilinical Diagnosis  Travel History  Non-enteric Organism  Identification Identification Surveillance Susceptibility Specify antibiotics  Copy confirmation Organism  Anaerobe  M RFANA  Disteria  M RFOTH Diptheria Toxin Testing N RFADA  Nesseria gonorrhoeae M RFGC Nocardia M RFADA  Nesseria gonorrhoeae M RFGC Nocardia N RFADA  Nesseria Diptheria Toxin Testing Nesseria gonorrhoeae M RFGC Nocardia N RFADA  N RFEC Nocardia N RFCONMEN Isolates orly on PLSAste OnLY) Diptheria Toxin Testing N RFADA N RFEC Nocardia N RFCONMEN Isolates orly on PLSAste OnLY) Diptheria Toxin Testing N RFROMMEN Isolates orly on PLSAste OnLY) Diptheria Toxin Testing N RFROMMEN Isolates orly on PLSAste OnLY) N M SERONMEN Isolates orly on PLSAste									
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PHN	ě		С	ity/Town		1	Province	Postal Code   Phone Number	
Last Name	å		Y	ellowknife			NT	X1A 2N1	867-767-9300 x 4669
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Diptheria Toxin Testing M RFOTH	<u>ا</u> ا	anaerobe Mikhana	l.	☐ Salmonella spec	ies				
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Yersinia   Plesiomonas   Other	_				2.7	MR	ENT		
MRSA Surveillance	<u>п</u>	/RE Confirmation M RFOTH	I						
☐ MRSA Spa Typing       MRSA Spa Typing       Serotyping/Serogrouping/Surveillance         ☐ 1st Clinical isolate (every 12 months)       ☐ Neisseria meningitidis       VMS ID:         ☐ In-Patient       ☐ Out-Patient       ☐ Group A Streptococcus       M SEROMBEN (Isolates only on PLSAsite ONLY)       Other Commercial ID: Ertapenem:         ☐ Group B Streptococcus       M SEROGBS       ☐ Group B Streptococcus pneumoniae M SEROSPNE       Imipenem: Meropenem:         ☐ Haemophilus influenzae       M SEROHAEM	ME	CA Cuproillance			na.s			Odianaso	
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Carbapenemase Discs:				☐ Streptococcus p	neumonia	e M SE	ROSPNE		1.
Laboratory Use Only				☐ Haemophilus inf	fluenzae	MSE	EROHAEM		
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**Provincial Laboratory** 

4

Version No: 3.0

**Document Number: MIC10510** 

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

Page: 5 of 8

Effective: 28 April, 2017

# 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:						
Phone: 1 (800) 661 9876	Date:						
Re: Transfer of Human Pathogens (L-R2-09731-16-XN-03)	CC: sth	biosafety	@gov.nt.c	<u>a</u>			
STHA Microbiology laboratory is transferring a package.  The sample is to be directed to the					pathogento	your fac	cility
Weigh Bill number of this shipment is							
If you do <b>NOT</b> receive this package within 72 hours of laboratory at (867) 767-9300 X 46691 <b>AND</b> email				orm ti	ne STHA m	icrobiol	ogy
Thank you							
Name of STHA employee sending sample		Sig	nature_				

#### **CONFIDENTIAL WARNING**

nts accompanying this transmission contain confidential information intended for a specific individual a purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that nay disclosure, copying, distribution, or taking of any action in reference to the contents of this telecopied information is <a href="strictly prohibited">strictly prohibited</a>. 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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Document Name: Referral of Category B specimens to DynaLIFE and Provincial Laboratory

Document Number: MIC10510

Version No: 3.0 Page: 6 of 8

Effective: 28 April, 2017

# 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:
Phone: 1 (780) 407 7121	Date:
Re: Transfer of Human Pathogens (L-R2-09731-16-XN-03)	CC: sth_biosafety@qov.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	program.
Weigh Bill number of this shipment is	
If you do <b>NOT</b> receive this package within 72 laboratory at (867) 767-9300 ext. 46691	Phours ofthis notification, please inform the STHA microbiology AND email <u>sth_biosafety@qov.nt.ca</u>
Thank you	
Name of STHA employee sending sample	. Signature
The state of the s	

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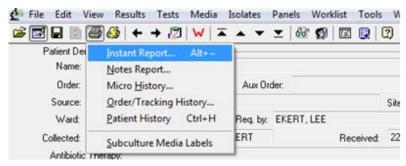
FILENAME: MIC10510ReferralofCategoryBSpecimenstoDynaLIFEandProvincialLaboratoryPRO Print Date: 9/17/2019 11:03:00 AM

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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 STH0116\_X405
- d) Select "Ok"

5

6

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:

?REFD - DynaLIFE

?REFE - ProvLab Edmonton

- c) Select "Ok"
- d) Add a period (.) in the results line
- e) Final report the test line
- 7 Print off any Vitek reports that have been performed on the organism being referred

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).

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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 $\textbf{FILENAME:} \ \texttt{MIC10510Referral of Category BSpecimens to DynaLIFE} and \textit{Provincial Laboratory PRO}$ 

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	Document Number: MIC10510			
Document Name: Referral of Category B specimens to DynaLIFE and	Version No: 3.0 Page: 8 of 8			
Provincial Laboratory	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

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