



**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 meningitidis* from invasive sites

**SUPPLIES:**

- Copan Transystem® Culture swab transport system (with or without charcoal)
- NML requisition
- Category B box
- Category B package supplies
- Biosafety fax coversheet
- FedEx 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.

**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: MIC10520ReferralofCategoryBSpecimenstoNMLPRO

Print Date: 9/17/2019 11:04:00 AM

**PROCEDURE INSTRUCTIONS:**

**Fill in all sections highlighted in yellow to complete NML requisition for the submission of invasive Streptococcus isolates:**

**SENDER INFORMATION**

CONTACT NAME: 1 Laura Steven

ORGANIZATION: Stanton Territorial Hospital

ADDRESS: 548 Bryne Road, P.O. Box 10

CITY: Yellowknife

PROVINCE: NT POSTAL CODE: X1A2N1

TELEPHONE: (867) 767-9300 ext.46691 FAX: (867) 669-4141

EMAIL: laura\_steven@gov.nt.ca

Public Health Agency of Canada / Agence de la santé publique du Canada

**Canada**

**CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS**

Streptococcus and STI Unit  
Bacteriology and Enteric Diseases Division  
National Microbiology Laboratory  
1015 Arlington Street, Winnipeg, MB R3E 3R2  
Office: (204) 789-6063 Lab: (204) 789-6015 Fax: (204) 789-5012  
Email: NML.StrepSTI@phac-aspc.gc.ca

**CULTURE INFORMATION <sup>2</sup>**

SUBMITTING LAB #	PHOENIX IY/ OUTBREAK	EPH-LAB LINKAGE INFO	ISOLATION SITE/ SOURCE SITE				AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-JJ)	SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS				NML USE ONLY
			BLOOD	CSF	OTHER	SEX (M/F)			<i>S. pneumoniae</i>	<i>S. pyogenes</i> (GAS)	<i>S. anginosus</i> (GAS)	OTHER ORGANISM <sup>3</sup>	
COMMENTS AND ADDITIONAL INFORMATION								NML USE	NLY	ATE & TIME	BY		
For International Circumpolar Surveillance (ICS)								RECEIVED					
								DATA VERIFIED					

<sup>1</sup> Name to provide test results.  
<sup>2</sup> Samples not accompanied by relevant patient information and clinical history may be subject to rejection. For current acceptance criteria refer to the NML Guide to Services.  
<sup>3</sup> These isolates will be screened for *S. pyogenes* and *S. pneumoniae*. 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-sterile sites (sputum, 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

- 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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**Fill in all sections highlighted in yellow to complete NML requisition for the submission of invasive *Haemophilus influenzae* and *Neisseria meningitidis* isolates:**



**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:  
548 Bryne Road, P.O. Box 10

CITY:  
Yellowknife

PROVINCE: NT POSTAL CODE: X1A2N1

TELEPHONE: (867) 767-9300 ext. 46691 FAX: (867) 669-4141

**SUSPECTED PATHOGEN**

**TEST REQUIRED**

**PATIENT INFORMATION**

PATIENT INITIALS: \_\_\_\_\_

DATE OF BIRTH (YYYY-MM-DD): \_\_\_\_\_

SEX  M  F

CITY: \_\_\_\_\_

**CLINICAL HISTORY**

CLINICAL DIAGNOSIS, SYMPTOMS: \_\_\_\_\_

OTHER INFORMATION:

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**

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- Place a "Please CC" sticker on requisition.
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**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

# Fax

<b>To:</b> National Microbiology Laboratory	<b>From:</b> STHA Microbiology Laboratory
<b>Fax:</b> 1 (204) 789 5012	<b>Pages:</b> [Redacted]
<b>Phone:</b>	<b>Date:</b> [Redacted]
<b>Re:</b> Transfer of Human Pathogens (L-R2-09731-16-XN-03)	<b>CC:</b> <a href="mailto:sth_biosafety@gov.nt.ca">sth_biosafety@gov.nt.ca</a>

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 [Redacted] program.

Weigh Bill number of this shipment is [Redacted].

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](mailto:sth_biosafety@gov.nt.ca)

Thank you

Name of STHA employee sending sample [Redacted]. Signature [Redacted]

**CONFIDENTIAL WARNING**

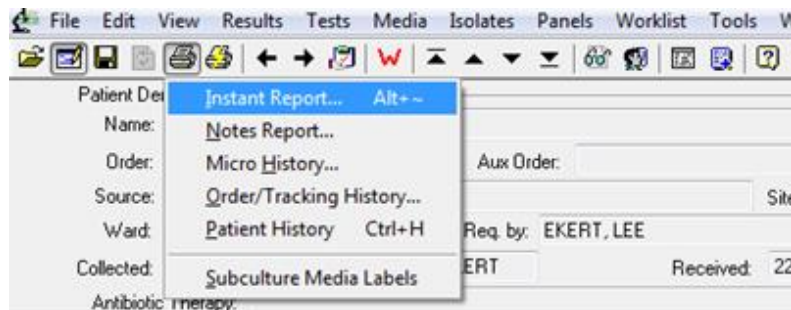
The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking 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 **STH0116\_X405**

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, 2, 3, 4, 5, 6, 7, and 8 are highlighted in yellow. Section 1 is 'From/Phase prior and general details'. Section 2 is 'To/Destinations'. Section 3 is 'Shipment Information/Informations sur l'envoi'. Section 4 is 'Express Package Service/Service colis express'. Section 5 is 'Packaging/Emballage'. Section 6 is 'Special Handling and Delivery Signature Options'. Section 7 is 'Payment/Bill remittance charges/Paiement'. Section 8 is 'Required Signatures/Signatures requises'. The form includes fields for sender and recipient information, package details, and service options.

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

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