PROGRAM Standard Operating Procedure – Laboratory Services				
Title: MIC36300 –	Policy Number:			
Referral of Cat B Specimens to APL				
Program Name: Laboratory Services				
Applicable Domain: Lab, DI and Pharmacy Services				
Additional Domain(s):				
Effective Date:	Next Review Date:			
Issuing Authority:	Date Approved:			
Director of Health Services				
Accreditation Canada Applicable Standard:				

GUIDING PRINCIPLE:

Organisms that require further identification or typing need to be referred to Alberta Precision Laboratories (APL) for testing. TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category B specimens are sent for referral testing to Alberta Precision Laboratory (APL) appropriately.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) and Medical Laboratory Assistants (MLAs) packaging Category B samples being referred to Alberta Precision Laboratory.

SAMPLE INFORMATION:

The following category B specimens need to be sent to APL for referral testing:

- Any organism that requires further identification not offered by DL
- Any organism that requires serological typing

SUPPLIES:

- Copan Transystem Culture swab transport system (with or without charcoal)
- Alberta Precision Laboratory Reference Organism and Surveillance Requisition
- Category B box
- Category B package supplies
- APL RG2 Biosafety fax coversheet

PROCEDURE INSTRUCTIONS: Action Step Complete collector ID information on the APL requisition: Accession # (lab only) ALBERTA PRECISION ကာ LABORATORIES Leaders in Laboratory Medicine **Reference Organism and Surveillance Requisition** Complete and forward request to appropriate Provincial Laboratory for Public Health: Calgary Site: 3030 Hospital Dr NW T2N 4W4 Edmonton Site: 8440-112 St T6G 2J2 Phone: 403.944.1200 Fax: 403.270.2216 Phone: 780.407.7121 Fax: 780.407.3864 Submitting Lab Name Copy to Stanton Lab: Report Location: Requestor Physician Code: Stanton Territorial Hospital Fax: 867-669-4306 Submitting Lab Address City/Town Province | Postal Code | Phone Number 548 Bryne Road, P.O. Box 10 867 767 9300 x 46691 Yellowknife NT X1A 2N1 1. Stanton location information is pre-typed on the requisition 2. The physician code and report location code need to be entered on the 1 requisition 3. To find the physician code and the report location code: Open patient report in Order Entry Ensure Edit Mode is activated. Click on Req. by: The physician code is the UPIN# > The report location code is the numbers at the beginning of the ordering provider's address 🐺 Doctor Search Screen - 🗆 🗙 The number at the beginning of the address is the REPORT Doctor ID NPI#: LastName The UPIN# is the PHYSICIAN'S CODE \$ LOCATION Secondary ID LIPINA Clinic ID: Third ID: Ext. Alt Phone Alt Ext. Page Doctor ID Last Name First Na

Step		Action							
Comp	Complete patient information on the APL requisition:								
	Accession # (lab only)								
		ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine Reference Organism and Surveillance Reguisition							
2			mplete and forward request to an Edmonton Site: 8440-112 St T6G 2 Phone: 780.407.7121 Fax: 780.40 Submitting Lab Name Stanton Territorial	J2 I	Calgary S Phone: 40	ite: 3030	Hosp	ealth: pital Dr NW T2 Fax: 403.270.2	
		Requ	Hospital	City/Town Yellowknife		Provi NT		Postal Code X1A 2N1	Phone Number 867 767 9300 x 46691
			PHN	Alternate Identifier			Dat	e of Birth (уууу-	Mon-dd)
		Patient	Last Name	First Name		Middle		Gender	Phone
		Å	Address	City/Town	Prov	Postal C	Code		Location
	1. Pla	ace	a LIS collection	n label on tl	ne AP	L re	qu	isition	

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Policy Number:

Step	Action								
Complete collection information on the APL requisition:									
	0								
	Re	Leaders in Laboratory Medici eference Organism and Su		tion					
		Complete and forward request to appropriate Provincial Laboratory for Public Health : Edmonton Site: 8440-112 St T6G 2J2 Calgary Site: 3030 Hospital Dr NW T2N 4W4 Phone: 780.407.7121 Fax: 780.407.3864 Phone: 403.944.1200 Fax: 403.270.2216							
	tor	Submitting Lab Name		Submitting Lab Address					
	ines	Stanton Territorial Hospital	548 Bryne Road, P.O. Box 10 City/Town Provin			nce Postal Code Phone Number			
_	Rec	Hospital	Yellowknife		NT	X1A 2N1	867 767 9300 x 46691		
3		PHN	Alternate Identifier		Date	e of Birth (уууу-	Mon-dd)		
	Patient	Last Name	First Name		Middle	Gender	Phone		
		Address	City/Town	Prov	Postal Code		Location		
		Collection Date (yyyy-Mon-dd)	Time (24 hr)	Location		Collector	r ID		
	Da	ate Submitted (yyyy-Mon-dd)	Specimen Source			Submitting Lab Specimen Number			
	Cli	inical Diagnosis		Travel Histor	Ŋ				
	1. Add the Stanton accession number in submitting lab specimen numbe						en number		
	2. Com	plete remaining	collection i	nform	ation				

Non-enteric Organism	tion on the APL requisi	Submitting Laboratory Information
□ Identification for unknown organism □ Antibiotic Susceptibility specify antibiotics □ CPO confirmation Organism □ Anaerobe M RFANA □ Listeria M RFOTH □ Diptheria Toxin Testing M RFOTH □ Fungus/Yeast M RFAFB □ Neisseria gonorrhoeae M RFGC □ Nocardia M RFNOC □ Other Test Request (specify) □ VRE Confirmation M RFOTH	□ Identification □ Surveillance □ Susceptibility M RFOTH □ Campylobacter M RFCAMPY □ Campylobacter FOODNET M RFSTORE (FOODNET#FD-14-1) (FOODNET#FD-14-1) □ E.coli O157 M RFEC □ Salmonella species M RFSALM □ Salmonella Typhi M RFSALM □ Shigella M RFSHIG □ Query Shigella/E. coli M RFENT □ ShigaToxin positive E.coli M RFEC (Non-O157) Vibrio M RFVIBRIO □ Enteric Other (specify) M RFENT □ Aeromonas □ Yersinia □ Plesiomonas □ Other	Suspected ID Gram Stain Growth Conditions O ₂ CO ₂ ANA Biochemicals Oxidase Catalase
MRSA Spa Typing MRSA Spa Typing Statistical isolate (every 12 months) Blood isolate (every 14 days)	Serotyping/Serogrouping/Surveillance	VMS ID:
□ In-Patient □ Out-Patient □ LTCF	NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) Group A Streptococcus M SEROGAS Streptococcus pneumoniae M SEROSPNE Haemophilus influenzae M SEROHAEM	Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:

Step	Action
Comp	lete highlighted areas on the APL RG2 coversheet:
	Image: Stanton Territorial Hospital – Microbiology Laboratory 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: Alberta Precision Laboratories From: STH Microbiology Laboratory
	Fax: 1 (780) 407 3864 Pages:
5	Phone: 1 (780) 407 7121 Date:
5	Re: Transfer of Human Pathogens CC: <u>sth_biosafety@gov.nt.ca</u> (L-R2-09731-22-BK-00)
	STH 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 NOT receive this package within 72 hours of this notification, please inform the STH microbiology laboratory at (867) 767-9300 ext. 46691 AND email <u>sth_biosafety@gov.nl.ca</u> Thank you
	Name of STH employee sending sample Signature

Step	Action				
Orde	Order a referred test in result entry screen:				
6	 Select Add Test Choose appropriate reference code: ?REFE- APL Edmonton Select Ok Add a period (.) in the results line Final report the test line 				
a .	A				

Step	Action				
Complete Category B send-out process:					
7	 Print off any Vitek results for organism being referred Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&S swab Photocopy all papers and staple together. Hole punch photocopy stack and place in the <i>Dyna</i>LIFE and ProvLab Pending Referrals binder Ensure the report is filed under the correct tab (ProvLab, Cat B) Place a requisiton label on the APL requisition and scan into SoftMedia Pack specimen up according to TDG Category B regulations Send original paperwork with specimen Email completed coversheet to email locations listed Place Category B box in the Category B overpack box in the lab assitant area for shipment to <i>Dyna</i>LIFE 				

Title: MIC36300-Referral of Category B Specimens to APL	Type: Laboratory Services Program SOP
Issuing Authority: Director of Health Services	Policy Number:
Next Review Date:	Date Approved:

REFERENCES:

1. Alberta Precision Laboratories Reference Organism and Surveillance Requisition, 19193 (Rev2020-07)

APPROVAL:

Date

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 17	Initial Release	L. Steven
2.0	16 Jun 19	Updated to reflect new hospital address	L. Steven
3.0	10 Mar 20	Procedure reviewed	L. Steven
4.0	30 Jun 22	Procedure reviewed and added to NTHSSA policy template	L. Steven