

| PROGRAM Standard Operating Procedure – Laboratory Services | |
|---|-------------------|
| Title: MIC36400 – Referral of Cat B Specimens to DL | Policy Number: |
| Program Name: Laboratory Services | |
| Applicable Domain: Lab, DI and Pharmacy Services | |
| Additional Domain(s): | |
| Effective Date: | Next Review Date: |
| Issuing Authority: Director of Health Services | Date Approved: |
| Accreditation Canada Applicable Standard: | |

GUIDING PRINCIPLE:

Organisms that cannot be identified or require further susceptibility testing need to be referred to *DynaLIFE* (DL). TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category B specimens are sent for referral testing to *DynaLIFE* appropriately.

SCOPE/APPLICABILITY:

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

SAMPLE INFORMATION:

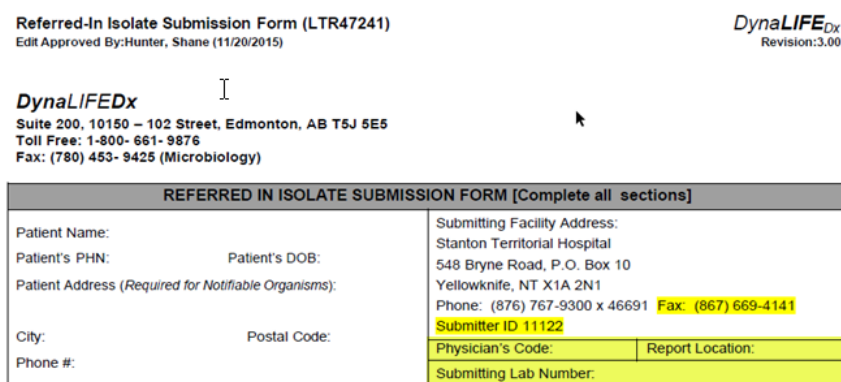
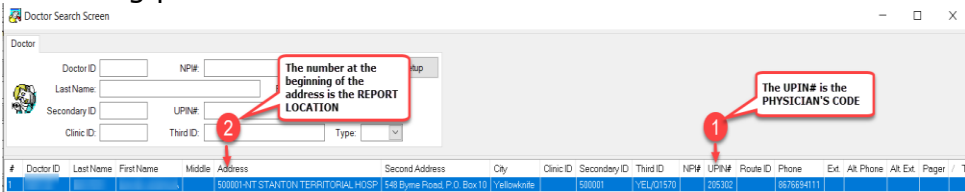
The following category B specimens need to be sent to DL for referral testing:

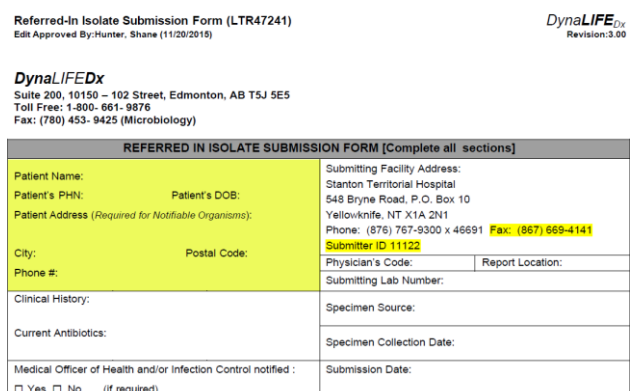
- Any organism that cannot be identified
- Any susceptibility testing that cannot be performed at Stanton microbiology laboratory or that requires confirmation

SUPPLIES:

- Copan Transystem Culture swab transport system (with or without charcoal)
- *DynaLIFE* Referred-In Isolate Submission Form
- Category B box
- Category B package supplies
- DL RG2 Biosafety fax coversheet

PROCEDURE INSTRUCTIONS:

| Step | Action |
|---|---|
| Complete collector ID information on the DL requisition: | |
| 1 |  |
| | <ol style="list-style-type: none"> 1. Stanton location information is pre-typed on the requisition 2. The physician code and report location code need to be entered on the requisition 3. To find the physician code and the report location code: <ul style="list-style-type: none"> ➤ 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  |
| | <ol style="list-style-type: none"> 4. Add the STH accession number in the submitting lab number box |


| Step | Action |
|--|---|
| Complete patient information on the DL requisition: | |
| 2 |  |
| | <ol style="list-style-type: none"> 1. Place a LIS collection label on the DL requisition |

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

| Step | Action | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|---------------|------------------------------|----------------|------------------------------|----------------|-----------------------------|--|-------------------------|-------|---|--------------|--------------------|----------|------------------------------------|-------------------|------------------------|----------------------|------------------|---|---------------------------|--|------------------|
| Complete collection information on the DL requisition: | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <p>Referred-In Isolate Submission Form (LTR47241) Edit Approved By: Hunter, Shane (11/20/2015)</p> <p style="text-align: right;">DynaLIFE_{Dx} Revision: 3.00</p> <p>DynaLIFE_{Dx} Suite 200, 10150 – 102 Street, Edmonton, AB T5J 5E5 Toll Free: 1-800- 661- 9876 Fax: (780) 453- 9425 (Microbiology)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections]</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Patient Name:</td> <td style="width: 50%;">Submitting Facility Address:</td> </tr> <tr> <td>Patient's PHN:</td> <td>Stanton Territorial Hospital</td> </tr> <tr> <td>Patient's DOB:</td> <td>548 Bryne Road, P.O. Box 10</td> </tr> <tr> <td>Patient Address (Required for Notifiable Organisms):</td> <td>Yellowknife, NT X1A 2N1</td> </tr> <tr> <td>City:</td> <td>Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141</td> </tr> <tr> <td>Postal Code:</td> <td>Submitter ID 11122</td> </tr> <tr> <td>Phone #:</td> <td>Physician's Code: Report Location:</td> </tr> <tr> <td>Clinical History:</td> <td>Submitting Lab Number:</td> </tr> <tr> <td>Current Antibiotics:</td> <td>Specimen Source:</td> </tr> <tr> <td>Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required)</td> <td>Specimen Collection Date:</td> </tr> <tr> <td></td> <td>Submission Date:</td> </tr> </tbody> </table> | REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections] | | Patient Name: | Submitting Facility Address: | Patient's PHN: | Stanton Territorial Hospital | Patient's DOB: | 548 Bryne Road, P.O. Box 10 | Patient Address (Required for Notifiable Organisms): | Yellowknife, NT X1A 2N1 | City: | Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141 | Postal Code: | Submitter ID 11122 | Phone #: | Physician's Code: Report Location: | Clinical History: | Submitting Lab Number: | Current Antibiotics: | Specimen Source: | Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required) | Specimen Collection Date: | | Submission Date: |
| | REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections] | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Name: | Submitting Facility Address: | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient's PHN: | Stanton Territorial Hospital | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient's DOB: | 548 Bryne Road, P.O. Box 10 | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Address (Required for Notifiable Organisms): | Yellowknife, NT X1A 2N1 | | | | | | | | | | | | | | | | | | | | | | | |
| | City: | Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141 | | | | | | | | | | | | | | | | | | | | | | | |
| | Postal Code: | Submitter ID 11122 | | | | | | | | | | | | | | | | | | | | | | | |
| | Phone #: | Physician's Code: Report Location: | | | | | | | | | | | | | | | | | | | | | | | |
| | Clinical History: | Submitting Lab Number: | | | | | | | | | | | | | | | | | | | | | | | |
| Current Antibiotics: | Specimen Source: | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required) | Specimen Collection Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| | Submission Date: | | | | | | | | | | | | | | | | | | | | | | | | |
| <ol style="list-style-type: none"> 1. Complete collection information 2. Add the date the organism is being sent to <i>DynaLIFE</i> | | | | | | | | | | | | | | | | | | | | | | | | | |

| Step | Action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---------------|------------------------------|----------------|------------------------------|----------------|-----------------------------|--|-------------------------|-------|---|--------------|--------------------|----------|------------------------------------|-------------------|------------------------|----------------------|------------------|---|---------------------------|--|------------------|--|--|---|-----------------------------------|--|--|---|--|---|--|-----------------------|--|---------------------------------|-------------|---|--|-----------------------------|--|--|--|
| Complete organism information on the DL requisition: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | <p>Referred-In Isolate Submission Form (LTR47241) Edit Approved By: Hunter, Shane (11/20/2015)</p> <p style="text-align: right;">DynaLIFE_{Dx} Revision: 3.00</p> <p>DynaLIFE_{Dx} Suite 200, 10150 – 102 Street, Edmonton, AB T5J 5E5 Toll Free: 1-800- 661- 9876 Fax: (780) 453- 9425 (Microbiology)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections]</th> </tr> </thead> <tbody> <tr> <td style="width: 50%;">Patient Name:</td> <td style="width: 50%;">Submitting Facility Address:</td> </tr> <tr> <td>Patient's PHN:</td> <td>Stanton Territorial Hospital</td> </tr> <tr> <td>Patient's DOB:</td> <td>548 Bryne Road, P.O. Box 10</td> </tr> <tr> <td>Patient Address (Required for Notifiable Organisms):</td> <td>Yellowknife, NT X1A 2N1</td> </tr> <tr> <td>City:</td> <td>Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141</td> </tr> <tr> <td>Postal Code:</td> <td>Submitter ID 11122</td> </tr> <tr> <td>Phone #:</td> <td>Physician's Code: Report Location:</td> </tr> <tr> <td>Clinical History:</td> <td>Submitting Lab Number:</td> </tr> <tr> <td>Current Antibiotics:</td> <td>Specimen Source:</td> </tr> <tr> <td>Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required)</td> <td>Specimen Collection Date:</td> </tr> <tr> <td></td> <td>Submission Date:</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th colspan="2" style="background-color: #cccccc;">SUPPORTING DATA [Complete all relevant sections]</th> </tr> </thead> <tbody> <tr> <td>Test(s) requested <input type="checkbox"/> Gram Smear Interpretation <input type="checkbox"/> Identification <input type="checkbox"/> MRSA confirmation <input type="checkbox"/> CDT PCR Confirmation</td> <td>** Organism Identification: _____</td> </tr> <tr> <td><input type="checkbox"/> Susceptibility <input type="checkbox"/> Freeze Only</td> <td></td> </tr> <tr> <td>Was this a pure culture? <input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td><input type="checkbox"/> No (list other isolates)</td> <td></td> </tr> <tr> <td>Direct Smear Results:</td> <td>Growth Requirements: <input type="checkbox"/> Aerobe <input type="checkbox"/> Anaerobe <input type="checkbox"/> CO₂</td> </tr> <tr> <td>Oxidase: Catalase: Other Tests:</td> <td>Gram Stain:</td> </tr> <tr> <td colspan="2">Commercial Identification System & Susceptibility Results: (Attach Copy of Results)</td> </tr> <tr> <td colspan="2">Identification (Suspected):</td> </tr> <tr> <td colspan="2">Vegreville only <input type="checkbox"/> Pre-incubated urine: Colony count Colony type</td> </tr> </tbody> </table> | REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections] | | Patient Name: | Submitting Facility Address: | Patient's PHN: | Stanton Territorial Hospital | Patient's DOB: | 548 Bryne Road, P.O. Box 10 | Patient Address (Required for Notifiable Organisms): | Yellowknife, NT X1A 2N1 | City: | Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141 | Postal Code: | Submitter ID 11122 | Phone #: | Physician's Code: Report Location: | Clinical History: | Submitting Lab Number: | Current Antibiotics: | Specimen Source: | Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required) | Specimen Collection Date: | | Submission Date: | SUPPORTING DATA [Complete all relevant sections] | | Test(s) requested <input type="checkbox"/> Gram Smear Interpretation <input type="checkbox"/> Identification <input type="checkbox"/> MRSA confirmation <input type="checkbox"/> CDT PCR Confirmation | ** Organism Identification: _____ | <input type="checkbox"/> Susceptibility <input type="checkbox"/> Freeze Only | | 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 <input type="checkbox"/> CO ₂ | Oxidase: Catalase: Other Tests: | Gram Stain: | Commercial Identification System & Susceptibility Results: (Attach Copy of Results) | | Identification (Suspected): | | Vegreville only <input type="checkbox"/> Pre-incubated urine: Colony count Colony type | |
| | REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Name: | Submitting Facility Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient's PHN: | Stanton Territorial Hospital | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient's DOB: | 548 Bryne Road, P.O. Box 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Patient Address (Required for Notifiable Organisms): | Yellowknife, NT X1A 2N1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | City: | Phone: (876) 767-9300 x 46691 Fax: (867) 669-4141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Postal Code: | Submitter ID 11122 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Phone #: | Physician's Code: Report Location: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Clinical History: | Submitting Lab Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current Antibiotics: | Specimen Source: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Officer of Health and/or Infection Control notified : <input type="checkbox"/> Yes <input type="checkbox"/> No (if required) | Specimen Collection Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Submission Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUPPORTING DATA [Complete all relevant sections] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test(s) requested <input type="checkbox"/> Gram Smear Interpretation <input type="checkbox"/> Identification <input type="checkbox"/> MRSA confirmation <input type="checkbox"/> CDT PCR Confirmation | ** Organism Identification: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Susceptibility <input type="checkbox"/> Freeze Only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <input type="checkbox"/> CO ₂ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oxidase: Catalase: Other Tests: | Gram Stain: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial Identification System & Susceptibility Results: (Attach Copy of Results) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification (Suspected): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vegreville only <input type="checkbox"/> Pre-incubated urine: Colony count Colony type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

| Step | Action |
|---|--|
| Complete highlighted areas on the DL RG2 coversheet: | |
| 5 | <div style="display: flex; justify-content: space-between; align-items: center;">  <div> <p>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</p> </div> </div> <p>To: DynaLife Dx Microbiology Laboratory From: STH Microbiology Laboratory</p> <hr/> <p>Fax: 1 (780) 453 9425 Pages: [redacted]</p> <hr/> <p>Phone: 1 (800) 661 9876 Date: [redacted]</p> <hr/> <p>Re: Transfer of Human Pathogens (L-R2-09731-22-BK-00) CC: sth_biosafety@gov.nt.ca</p> <hr/> <p>STH Microbiology laboratory is transferring a package containing a Risk Group 2 Human pathogen to your facility</p> <p>The sample is to be directed to the [redacted] program.</p> <p>Weigh Bill number of this shipment is [redacted].</p> <p>If you do NOT receive this package within 72 hours of this notification, please inform the STH microbiology laboratory at (867) 767-9300 X 46691 AND email sth_biosafety@gov.nt.ca</p> <p>Thank you</p> <p>Name of STH employee sending sample [redacted] Signature [redacted]</p> |

| Step | Action |
|--|---|
| Order a referred test in result entry screen: | |
| 6 | <ol style="list-style-type: none"> 1. Select Add Test 2. Choose appropriate reference code: ?REFD- <i>DynaLIFE</i> 3. Select Ok 4. Add a period (.) in the results line 5. Final report the test line |

| Step | Action |
|--|--|
| Complete Category B send-out process: | |
| 7 | <ol style="list-style-type: none"> 1. Print off any Vitek results for organism being referred 2. Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&S swab 3. Photocopy all papers and staple together. Hole punch photocopy stack and place in the <i>DynaLIFE</i> and ProvLab Pending Referrals binder. <ul style="list-style-type: none"> ➤ Ensure the report is filed under the correct tab (<i>DynaLIFE</i>, Cat B) 4. Place a requisition label on the DL requisition and scan into SoftMedia 5. Pack specimen up according to TDG Category B regulations, <ul style="list-style-type: none"> ➤ send original paperwork with specimen 6. Email completed coversheet to email locations listed 7. Place Category B box in the Category B overpack box in the lab assitant area for shipment to <i>DynaLIFE</i> |

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

REFERENCES:

- *DynaLIFE* DX Referred-In Isolate Submission Form (LTR47241), revision 3.00

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 |
| | | | |
| | | | |
| | | | |

ref

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.