

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC36500 – Referral of Cat B Specimens to NML	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:

Select organism are referred to the National Microbiology Laboratory (NML) as part of the International Circumpolar Surveillance system (ICS). ICS is a network of hospital, public health agencies, and reference laboratories throughout the Arctic linked together to collect, compare, and share uniform laboratory and epidemiologic data on infectious diseases and assist in the formulation of prevention and control strategies. TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category B specimens are sent as part of the ICS to the National Microbiology Laboratory appropriately.

SCOPE/APPLICABILITY:

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

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)
- Appropriate NML requisition
- Category B box
- Category B package supplies
- NML RG2 Biosafety fax coversheet
- FedEx Intra-Canada Air Waybill


PROCEDURE INSTRUCTIONS:

Step	Action																																																																																
Complete all sections highlighted on the NML Streptococcus requisition for Streptococcus organisms:																																																																																	
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SENDER INFORMATION</p> <p>CONTACT NAME: 1 Laura Steven</p> <p>ORGANIZATION: Stanton Territorial Hospital</p> <p>ADDRESS: 548 Bryne Road, P.O. Box 10</p> <p>CITY: Yellowknife</p> <p>PROVINCE: NT POSTAL CODE: X1A2N1</p> <p>TELEPHONE: (867) 767-9300 ext.46691 FAX: (867) 669-4141</p> <p>EMAIL: laura_steven@gov.nt.ca</p> </div> <div style="width: 50%; text-align: right;"> <p>CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS</p> <p>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</p> </div> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8" style="background-color: #cccccc;">CULTURE INFORMATION ²</th> <th colspan="2" style="background-color: #cccccc;">SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS</th> <th rowspan="3" style="background-color: #cccccc;">NML USE ONLY</th> </tr> <tr> <th rowspan="2" style="background-color: #ffff99;">SUBMITTING LAB #</th> <th rowspan="2" style="background-color: #ffff99;">PHYSICIAN / OUTBREAK</th> <th rowspan="2" style="background-color: #ffff99;">PHYSICIAN LINKAGE INFO</th> <th colspan="4" style="background-color: #cccccc;">ISOLATION SITE / SOURCE SITE</th> <th rowspan="2" style="background-color: #ffff99;">AGE OR BIRTH DATE (YYYY-MM-DD)</th> <th rowspan="2" style="background-color: #ffff99;">DATE ISOLATED OR COLLECTED (YYYY-MM-DD)</th> <th colspan="3" style="background-color: #cccccc;">SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS</th> </tr> <tr> <th style="background-color: #cccccc;">BLOOD</th> <th style="background-color: #cccccc;">CSF</th> <th style="background-color: #cccccc;">OTHER ⁴</th> <th style="background-color: #cccccc;">SEX ⁵</th> <th style="background-color: #ffff99;">S. pneumoniae</th> <th style="background-color: #ffff99;">S. pyogenes (GAS)</th> <th style="background-color: #ffff99;">S. agalactiae (GBS)</th> <th style="background-color: #ffff99;">OTHER ORGANISM³</th> <th style="background-color: #ffff99;">SUBMITTED PRELIMINARY LAB RESULT</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="8">COMMENTS AND ADDITIONAL INFORMATION</td> <td>NML USE</td> <td>NLY</td> <td>ATE & TIME</td> <td>BY</td> </tr> <tr> <td colspan="8">For International Circumpolar Surveillance (ICCS)</td> <td>RECEIVED</td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="8"> </td> <td>DATA VERIFIED</td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p><small>¹ Name to provide test results. ² 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. ³ 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. ⁴ Please do not submit isolates or data from non-sterile sites (sputum, nose or 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</small></p>	CULTURE INFORMATION ²								SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS		NML USE ONLY	SUBMITTING LAB #	PHYSICIAN / OUTBREAK	PHYSICIAN LINKAGE INFO	ISOLATION SITE / SOURCE SITE				AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS			BLOOD	CSF	OTHER ⁴	SEX ⁵	S. pneumoniae	S. pyogenes (GAS)	S. agalactiae (GBS)	OTHER ORGANISM ³	SUBMITTED PRELIMINARY LAB RESULT													COMMENTS AND ADDITIONAL INFORMATION								NML USE	NLY	ATE & TIME	BY	For International Circumpolar Surveillance (ICCS)								RECEIVED												DATA VERIFIED			
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Step	Action
Complete all sections highlighted on the NML Requisition for Vaccine Preventable Bacterial Diseases for <i>Haemophilus influenzae</i> and <i>Neisseria meningitidis</i> organisms:	
2	<div style="border: 1px solid black; padding: 10px;"> <p>REQUISITION FOR VACCINE PREVENTABLE BACTERIAL DISEASES REFERENCE TESTING</p> <p>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</p> <p>PATIENT INFORMATION PATIENT INITIALS: _____ DATE OF BIRTH (YYYY-MM-DD): _____ SEX: <input type="radio"/> M <input type="radio"/> F CITY: _____</p> <p>SPECIMEN INFORMATION SPECIMEN REF #: _____ COLLECTION DATE (YYYY-MM-DD): _____ DATE OF DISEASE ONSET (YYYY-MM-DD): _____ SOURCE OF SPECIMEN: _____</p> <p>SUSPECTED PATHOGEN _____</p> <p>TEST REQUIRED _____</p> <p>CLINICAL HISTORY CLINICAL DIAGNOSIS, SYMPTOMS: _____</p> <p>PREVIOUS LAB RESULTS: _____</p> <p>VACCINE HISTORY: _____</p> <p>COMMENTS _____</p> </div> <ol style="list-style-type: none"> 1. Stanton location information is pre-typed on the requisition 2. Do not use a LIS label for the patient information. Only the accession number, sex of the patient and age of the patient is required 3. Place a "Please CC" sticker on requisition: <ul style="list-style-type: none"> ➤ Select the correct sticker depending on the patient's originating location, NWT or Nunavut <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: yellow; padding: 5px; border: 1px solid black;"> <p>Please CC: Chief Medical Officer of Health Dept of Health & Social Services Government of Northwest Territories PH: (867) 767-9066 FAX: (867) 873-0442</p> </div> <div style="background-color: yellow; padding: 5px; border: 1px solid black;"> <p>Please CC: "Chief Medical Officer of Health" Dept of Health & Social Services Government of Nunavut PH: (867) 975-5743 FAX: (867) 979-3190</p> </div> </div>

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Step	Action
Complete highlighted areas on the NML RG2 coversheet:	
3	 <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>
	<p>To: National Microbiology Laboratory From: STH Microbiology Laboratory</p>
	<p>Fax: 1 (204) 789 5012 Pages: [redacted]</p>
	<p>Phone: [redacted] Date: [redacted]</p>
	<p>Re: Transfer of Human Pathogens (L-R2-09731-22-BK-00) CC: sth_biosafety@gov.nt.ca</p>
	<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
Complete highlighted areas on the FedEx Intra-Canada Waybill:	
4	 <p>Sender's Copy / Copie de l'expéditeur</p> <p>The service order has changed in Section 4a / Les options de signature ont été ajoutées à la rubrique 4a.</p> <p>1 From / Origine Date: DATE Sender's FedEx Account Number: x46691 Company: NAME Phone: 867-767-9300 Address: Stanton Terr. Hospital 548 Byrne Rd City: Yellowknife Province: NT Postal Code: X1A 2N1</p> <p>2 To / Destinataire Recipient's Name: NML Unit Phone: 204-789-6015 Company: National Micro Laboratory Address: 1015 Arlington St City: Winnipeg Province: MB Postal Code: R3E 3K2</p> <p>3 Shipment Information / Informations sur l'envoi Total Packages: [redacted] Total Weight: [redacted] Dist. Poids: [redacted] Vol: [redacted] cm</p> <p>4a Express Package Service / Service colis express <input type="checkbox"/> FedEx First Overnight <input type="checkbox"/> FedEx Priority Overnight <input type="checkbox"/> FedEx Standard Overnight <input type="checkbox"/> FedEx 2Day <input type="checkbox"/> FedEx Economy</p> <p>4b Express Freight Service / Service fret express <input type="checkbox"/> FedEx 10day Freight</p> <p>5 Packaging/Emballage <input type="checkbox"/> FedEx Envelope* <input type="checkbox"/> FedEx Pak* <input type="checkbox"/> FedEx Box <input type="checkbox"/> FedEx Tube <input checked="" type="checkbox"/> Other</p> <p>6 Special Handling and Delivery Signature Options / Options de manutention spéciale et de signature de livraison <input type="checkbox"/> HOLD at FedEx Location <input type="checkbox"/> SATURDAY Delivery / Livraison le SAMEDI <input type="checkbox"/> RETURN to the sender <input type="checkbox"/> Signature Required / Signature requise <input type="checkbox"/> Direct Signature / Signature directe <input type="checkbox"/> Indirect Signature / Signature indirecte</p> <p>7 Payment / Bill of lading / Facture de transport Sender / Expéditeur: [redacted] Recipient / Destinataire: [redacted] Third Party / Tierce partie: [redacted] Cash/Cheque / Argent liquide/Cheque: [redacted]</p> <p>8 Required Signature / Signature requise Sender's Signature / Signature de l'expéditeur: <i>SIGN HERE</i></p>

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Step	Action
Order a referred test in result entry screen:	
5	<ol style="list-style-type: none">1. Select Add Test2. Choose appropriate reference code: ?REFN- NML3. Select Ok4. Add a period (.) in the results line5. Final report the test line

Step	Action
Complete Category B send-out process:	
6	<ol style="list-style-type: none">1. Print off any Vitek results for organism being referred2. Submit organism on a C&S swab labelled with the specimen accession number, name of organism being sent and date of birth of the patient<ul style="list-style-type: none">➤ NML does not use patient names or HCN. Please ensure a LIS label is not used on the swab3. Photocopy all papers and staple together. Hole punch photocopy stack and place in the NML Pending Referrals binder.4. Place a requisition label on the NML requisition and scan into SoftMedia5. Pack specimen up according to TDG Category B regulations,<ul style="list-style-type: none">➤ send original paperwork with specimen6. Email completed coversheet to email locations listed7. Place Category B box on the countertop in the lab assistant area with FedEx waybill on the top of the box

REFERENCES:

1. Public Health Agency of Canada. *Culture Submission Requisition For Streptococcus*. May 2015
2. Public Health Agency of Canada. *Requisition For Vaccine Preventable Bacterial Diseases Reference Testing*. August 2016

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