PROGRAM Standard Operating Procedure – Laboratory Services			
Title: MIC20200 – Gram stain reporting in LIS-Routine Specimens	Policy Number:		
Program Name: Laboratory Services			
Applicable Domain: Lab, DI and Pharmacy Services			
Additional Domain(s):			
Effective Date:	Effective Date:		
Issuing Authority:	Date Approved:		
Director, Health Services			
Accreditation Canada Applicable Standard: N/A			

GUIDING PRINCIPLE:

The gram stain has many uses: principally, it classifies bacteria on the basis of their cell wall structure and allows observation of their size and cellular morphology. Bacteria stain either gram positive or gram negative based on differences in cell wall composition.

PURPOSE/RATIONALE:

To report the Gram stain results of routine specimens in the LIS in a consistent manner.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) reporting routine specimens in the LIS.

SAMPLE INFORMATION:

		Wound, ear, eye, lower genital tract (excluding BV) and
Туре	male urethra gonorrhoeae specimens	
	•	Refer to MIC10100-Microbiology Specimen Processing

REAGENTS and/or MEDIA:

- Gram Crystal Violet
- Gram Iodine (Stabilized)
- Gram Decolorizer

SUPPLIES:

- Glass microscope slide
- QC slide

- Gram Safranin
- Methanol
- Immersion oil
- Slide storage tray

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EQUIPMENT

- Hot plate
- Microscope

SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potential infectious materials or cultures.

- Ensure that appropriate hand hygiene practices be used.
- 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 of 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. Routine Practices 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.

QUALITY CONTROL:

- Quality control is performed daily
- A TQC order is automatically generated daily to record the QC results
- Refer to MIC60060-Microbiology Stain Quality Control

PROCEDURE INSTRUCTIONS:

Step	Action		
Repo	Reporting routine specimens in the LIS		
	 Pending Gram stain orders are found in the LIS Resulting Worklist: Resulting Worklist → GRM/MISC_1of2		
1	and bit to the and and and bit to the and		
	Press enter or double click to open worklist		
2	Enter the accession number on the slide and select enter to mark the order		
_	 Select enter again to open Result Entry or double click on accession number to open 		

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Next Review Date:	Date Approved:

 Under low power (X10, LPF): screen slide to locate good specimen areas to obtain an overall impression of cell types present. Observe slide for stain crystals: If an excess of precipitated stain is observed, prepare another smear If precipitate continues, use freshly filtered crystal violet Determine if slide has been properly decolorized: Depending on the source of the specimen, the background should be generally clear or Gram negative If white blood cells are present, they should appear completely Gram negative If slide is over decolorized, prepare another smear Determine if thickness of smear is appropriate: For proper interpretation, areas must be no more than one cell thick, with no overlapping of cells. Prepare a new slide if unreadable Examine for evidence of inflammation: Determine areas representative of inflammation and areas of contamination with squamous epithelial cells 				
4	4 Add one drop of immersion oil to the slide. In a representative area with predominance of inflammation or purulence using the oil immersion lens (100X), examine 20 to 40 fields to observe cell morphology and Gram reaction.			
5	Under oil immersion (X100, OIF): quid cells, red blood cells and bacteria as None seen 1+ 2+ 3+ 4+ NOTE: Only report "None seen" for or red blood cells are seen, do not red blood cells are seen.	follows: No cells seen < 1 cell seen 1 - 9 cells seen 10 - 25 cells seen > 25 cells seen white blood cells. If no epither report this	helial cells	
6	If 3-4+ Gram-negative bacilli are seen in the smear, add "CNA-C" plate in			
7	Under the test code: STGM1 , use the STGM1 keypad to report the			

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	Finalize STGM1
	Preview instant report and save
8	Refresh GRM/MISC1of2 worklist
	• If finished reading slides, ensure Gram stains remaining on worklist
	have been prepared to be read at a later time
	Gently blot excess oil from slide using paper towel or gauze and save
9	slides for further evaluation on the slide tray designated for day slides
	being read.

REPORTING INSTRUCTIONS:

being read.	
REPORTING INSTR	UCTIONS: REPORT
No white blood cells seen on Gram stain	Report: "No white blood cells seen"
No bacteria seen on Gram stain	Report: "No bacteria seen"
Epithelial cells, white blood cells and red blood cells seen on Gram stain	 Quantitate and report using the STGM1 keypad
Bacteria seen on Gram stain	 Quantitate and report using the STGM1 keypad
Bacteria resembles: Staphylococcus spp.	Report: "Gram positive cocci suggestive of Staphylococci"
	NOTE: Use caution. If doubt exists, report as Gram positive cocci.
Bacteria resembles: Streptococcus spp.	Report: "Gram positive cocci suggestive of Streptococci"
	NOTE: Use caution. If doubt exists, report as Gram positive cocci.
Bacteria resembles: Diphtheroids	Report: "Gram positive bacilli resembling diphtheroids"
	NOTE: Use caution. If doubt exists, report as Gram positive bacilli.

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LIMITATIONS:

- 1. Use results of Gram stains in conjunction with other clinical and laboratory findings. Use additional procedures (e.g., inclusion of selective media, etc.) to confirm findings suggested by Gram-stained smears.
- 2. Careful adherence to procedure and interpretive criteria is required for accurate results. Accuracy is highly dependent on the training and skill of microscopists.
- 3. Gram stain-positive, culture negative specimens may be the result of contamination of reagents and other supplies, presence of antimicrobial agents, or failure of organisms to grow under usual culture conditions (medium, atmosphere, etc.).
- 4. False Gram stain results may be related to inadequately collected specimens or delays in transit.
- 5. Prior treatment with antimicrobial drugs may cause Gram-positive organisms to appear Gram-negative.

CROSS-REFERENCES:

- MIC10100-Microbiology Specimen Processing
- MIC60060-Microbiology Stain Quality Control

REFERENCES:

1. Leber, A. (2016). *Clinical microbiology procedures handbook.* (4thed.) Washington, D.C.: ASM Press

APPROVAL:

Date

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	07 Feb 19	Initial Release	L. Steven
2.0	31 Mar 22	Procedure reviewed and added to NTHSSA policy template	L. Steven

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