

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC36200 – Referral of Cat A Specimens to APL	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 are suspected of being Risk Group 3 (RG3) pathogens need to be referred to Alberta Precision Laboratory (APL) for identification. TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category A 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 A samples being referred to Alberta Precision Laboratory.

SAMPLE INFORMATION:

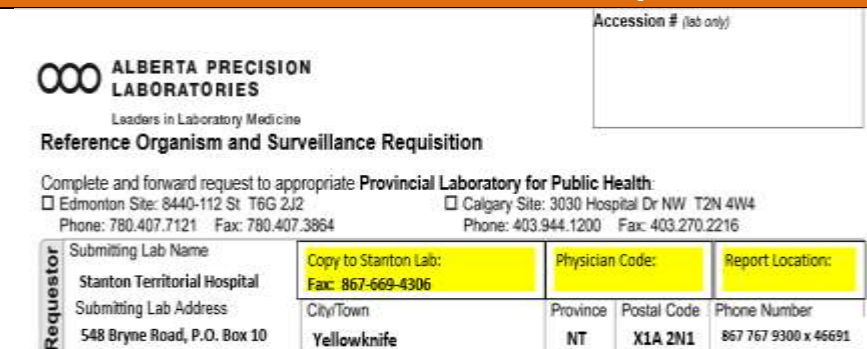

The following category A specimens need to be sent to APL for referral testing:

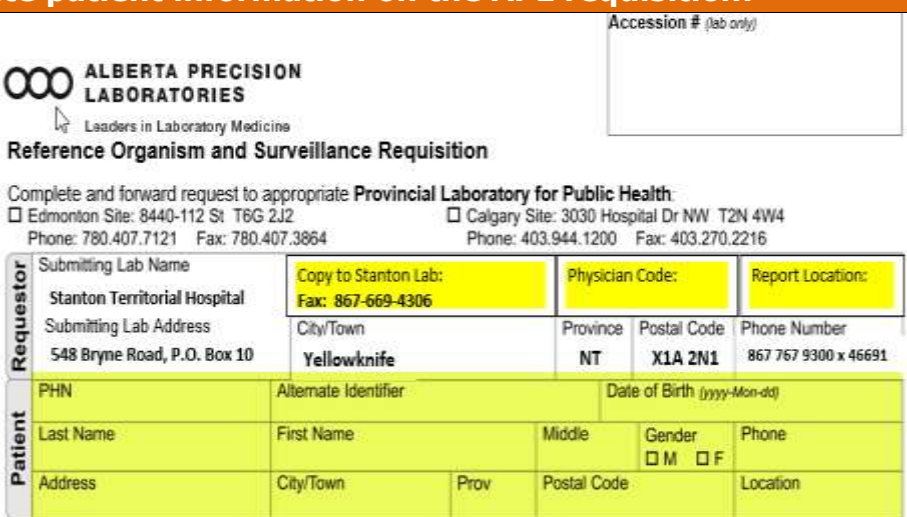
- Any confirmed or suspected RG3 organism

SUPPLIES:

- APL Reference Organism and Surveillance Requisition
- Category A box
- Category A package supplies
- APL RG3 Biosafety fax coversheet
- Shippers Declaration for Dangerous Goods
- *DynaLIFE* Spec.TR.E area barcode and container barcode
- Buffalo Express waybill

PROCEDURE INSTRUCTIONS:

Step	Action
Complete collector ID information on the APL 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: <ol style="list-style-type: none"> a. Open patient report in Order Entry b. Ensure Edit Mode is activated. Click on Req. by: c. The physician code is the UPIN# d. The report location code is the numbers at the beginning of the ordering provider's address 


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

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Step	Action
Complete collection information on the APL requisition:	
3	<div style="border: 1px solid black; padding: 5px;"> </div> <p>1. Add the Stanton accession number in submitting lab specimen number 2. Complete remaining collection information</p>

Step	Action									
Complete organism information on the APL requisition:										
4	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Non-enteric Organism</th> <th style="width: 33%;">Enteric Organism</th> <th style="width: 34%;">Submitting Laboratory Information</th> </tr> </thead> <tbody> <tr> <td> <input type="checkbox"/> Identification for unknown organism <input type="checkbox"/> Antibiotic Susceptibility specify antibiotics <input type="checkbox"/> CPO confirmation Organism <input type="checkbox"/> Anaerobe M RFANA <input type="checkbox"/> Listeria M RFOTH <input type="checkbox"/> Diphtheria Toxin Testing M RFOTH <input type="checkbox"/> Fungus/Yeast M RFFUNG <input type="checkbox"/> Mycobacteria M RFAFB <input type="checkbox"/> Neisseria gonorrhoeae M RFGC <input type="checkbox"/> Nocardia M RFNOC <input type="checkbox"/> Other Test Request (specify) <input type="checkbox"/> VRE Confirmation M RFOTH MRSA Surveillance <input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing <input type="checkbox"/> 1st 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Step	Action
5	Complete highlighted areas on the RG3 coversheet:
	<div data-bbox="516 436 695 604"></div> <div data-bbox="722 457 1198 625"><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 data-bbox="490 745 1188 1087"><hr/><p>To: Alberta Precision Laboratories From: STH Microbiology Laboratory</p><hr/><p>Fax: 1 (780) 407 3864 Pages: [redacted]</p><hr/><p>Phone: 1 (780) 407 7121 Date: [redacted]</p><hr/><p>Re: Transfer of Human Pathogens (L-R3-39987-22-FW-00) CC: sth_biosafety@gov.nt.ca dynalife.consulting@dynamifedx.com david.lhwin@dynamifedx.com bob.verity@dynamifedx.com specmgmt.group@dynamifedx.com</p><hr/></div> <div data-bbox="490 1144 1188 1522"><p>STHA Microbiology laboratory is transferring a package containing a Risk Group 3 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 STHA microbiology laboratory at (867) 767 9300 ext. 46691 AND email sth_biosafety@gov.nt.ca</p><p>Thank you</p><p>Name of STHA employee sending sample [redacted] Signature [redacted]</p></div> <div data-bbox="711 1669 912 1696"><p>CONFIDENTIAL WARNING</p></div> <div data-bbox="490 1732 1188 1848"><p>The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is <u>private, and</u> 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 <u>strictly prohibited</u>. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail.</p></div>

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Complete highlighted areas on the shipper's declaration:																																																		
6	<div style="border: 1px solid black; padding: 10px;"> <div style="text-align: right; margin-bottom: 5px;"> </div> <p>SHIPPER'S DECLARATION FOR DANGEROUS GOODS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Shipper Microbiology Laboratory Stanton Territorial Hospital Box 10, 548 Bryne Road 1 1 Yellowknife, NT X1A 2N1 Phone: (867) 797-9300 ext. 46691 </td> <td style="width: 50%; padding: 5px;"> Air Waybill No. _____ Page 1 of 1 Pages Shipper's Reference No. _____ (optional) </td> </tr> <tr> <td style="padding: 5px;"> Consignee Provincial Laboratory c/o DynaLife Dx Medical Laboratories 200-10150, 102 Street NW Edmonton, AB T5J 5E2 </td> <td style="text-align: center; padding: 5px;"> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Two completed and signed copies of this Declaration must be handed to the operator. </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TRANSPORT DETAILS This shipment is within the limitations prescribed for: _____ (delete non-applicable) </td> </tr> <tr> <td style="padding: 5px;"> Airport of Departure (optional): Yellowknife, NT </td> <td style="padding: 5px;"> WARNING Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties. </td> </tr> <tr> <td style="padding: 5px;"> Airport of Destination (optional): Hay River </td> <td style="padding: 5px;"> Shipment type: (delete non-applicable) NON-RADIOACTI XXXXXXXXXXXX </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> NATURE AND QUANTITY OF DANGEROUS GOODS </td> </tr> <tr> <td colspan="7" style="text-align: center; padding: 5px;"> Dangerous Goods Identification </td> </tr> <tr> <td style="width: 10%; padding: 5px;">UN2814</td> <td style="width: 35%; padding: 5px;">Infectious substance, affecting humans (suspected Category A infectious substance)</td> <td style="width: 10%; padding: 5px;">6.2</td> <td style="width: 5%; padding: 5px;">Packing Group</td> <td style="width: 15%; padding: 5px;">Quantity and Type of Packing</td> <td style="width: 10%; padding: 5px;">Packing Inst.</td> <td style="width: 15%; padding: 5px;">Authorization</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle; font-size: 24px;">1</td> <td style="text-align: center; vertical-align: middle;">620</td> <td></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> Additional Handling Information CANUTEC 24 hour number: 613-996-6666 </td> <td colspan="3" style="padding: 5px;"> I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met. </td> </tr> <tr> <td colspan="4"></td> <td colspan="3" style="padding: 5px;"> Name of Signatory: _____ Date: _____ Signature (See warning above) </td> </tr> </table> </div>	Shipper Microbiology Laboratory Stanton Territorial Hospital Box 10, 548 Bryne Road 1 1 Yellowknife, NT X1A 2N1 Phone: (867) 797-9300 ext. 46691	Air Waybill No. _____ Page 1 of 1 Pages Shipper's Reference No. _____ (optional)	Consignee Provincial Laboratory c/o DynaLife Dx Medical Laboratories 200-10150, 102 Street NW Edmonton, AB T5J 5E2		Two completed and signed copies of this Declaration must be handed to the operator.		TRANSPORT DETAILS This shipment is within the limitations prescribed for: _____ (delete non-applicable)		Airport of Departure (optional): Yellowknife, NT	WARNING Failure to comply in all respects with the applicable Dangerous Goods Regulations may be in breach of the applicable law, subject to legal penalties.	Airport of Destination (optional): Hay River	Shipment type: (delete non-applicable) NON-RADIOACTI XXXXXXXXXXXX	NATURE AND QUANTITY OF DANGEROUS GOODS		Dangerous Goods Identification							UN2814	Infectious substance, affecting humans (suspected Category A infectious substance)	6.2	Packing Group	Quantity and Type of Packing	Packing Inst.	Authorization					1	620		Additional Handling Information CANUTEC 24 hour number: 613-996-6666				I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. I declare that all of the applicable air transport requirements have been met.							Name of Signatory: _____ Date: _____ Signature (See warning above)		
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<ol style="list-style-type: none"> 1. Amount and type of specimen being sent <ul style="list-style-type: none"> ➢ For example, 4 x 3.0 mL SST blood collection tubes 2. Name of person sending the sample and the date being sent 3. 5 original copies of the shipper's declaration need to be made, 4 for delivery driver and one for lab records <ul style="list-style-type: none"> ➢ Photocopies are NOT acceptable, need to be original copies 																																																		

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Complete highlighted areas on the Buffalo Waybill:	
7	<p>Buffalo Express BUFFALO PARCEL COURIER SERVICES LTD. 1006 BUFFALO DRIVE, HAY RIVER, N.W.T. X5E 9W6 PHONE: EDMONTON (780) 455-9285 HAY RIVER (867) 874-3337 CALGARY (403) 271-3887 YELLOWKNIFE (867) 673-9084 GET # 13068075892001 TOLL FREE 1 800 405 3188</p> <p>FROM: STANTON HOSPITAL STREET ADDRESS (P.O. BOX NOT ACCEPTABLE): 548 BYRNE RD CITY: YELLOWKNIFE NT PROVINCE: NT POSTAL CODE: X1A-2N1 TELEPHONE NUMBER: (867) 669 4111</p> <p>TO: DYNALIFE DX STREET ADDRESS (P.O. BOX NOT ACCEPTABLE): #200, 10150 102 ST CITY: EDMONTON AB PROVINCE: AB POSTAL CODE: T5J-9E2 TELEPHONE NUMBER: (780) 451 3702</p> <p>DESCRIPTION OF ITEMS: Infectious Substance affective human SPECIAL INSTRUCTIONS: Dangerous goods as per attached Shippers declaration</p> <p>TRACKING: B 1391229</p> <p>Handwritten notes: Fill out date, SIGN, PRINT</p> <p>Labels: DANGER, INFECTIOUS SUBSTANCE, DANGEROUS GOODS, TOXIC, CORROSIVE, FLAMMABLE, EXPLOSIVE, RADIOACTIVE, OXIDIZING, POISONOUS, IRRITANT, COMBUSTIBLE, CORROSIVE TO METALS, CORROSIVE TO WATER, CORROSIVE TO WOOD, CORROSIVE TO RUBBER, CORROSIVE TO PLASTIC, CORROSIVE TO GLASS, CORROSIVE TO FABRIC, CORROSIVE TO LEAD, CORROSIVE TO ZINC, CORROSIVE TO ALUMINUM, CORROSIVE TO COPPER, CORROSIVE TO BRASS, CORROSIVE TO STEEL, CORROSIVE TO OTHER METALS, CORROSIVE TO OTHER MATERIALS, CORROSIVE TO OTHER SURFACES, CORROSIVE TO OTHER OBJECTS, CORROSIVE TO OTHER MATERIALS, CORROSIVE TO OTHER OBJECTS, CORROSIVE TO OTHER MATERIALS, CORROSIVE TO OTHER OBJECTS.</p>

Step	Action
Track the specimen using the SPEC.TR.E Specimen Tracking Engine:	
8	<p>DynaLIFE MEDICAL LABS Spec.Tr.E Quick Reference</p> <p>Send Container</p> <ol style="list-style-type: none"> Pack container Log in to Spec.Tr.E Click Activities Click Prepare for Pickup Scan Area Barcode Scan Container Barcode Click: <ul style="list-style-type: none"> No Barcoded Items 3rd Party Driver Enter 3rd Party Driver Information Submit Success notification displayed Scan the container when it's picked up <p>Spec.Tr.E Access</p> <ul style="list-style-type: none"> Double click the Spec.Tr.E desktop shortcut or launch Spec.Tr.E in Internet Explorer: http://spec.tr.e.dynalife.ca/web/csln.aspx Log into Spec.Tr.E with your username and password <p>Prepare for Pickup</p> <ol style="list-style-type: none"> Click Activities Click Prepare for Pickup Scan Area Barcode Scan Container Barcode Click 3rd Party Driver Click No Barcoded Items Enter Driver Information <ul style="list-style-type: none"> A. Select 3rd Party Driver B. Enter waybill information Click Submit button <p>Track Containers</p> <ol style="list-style-type: none"> Log into Spec.Tr.E Click the Reports menu Click NWT Container Tracking Select a Location Select a Container Type Select a Start Date Select an End Date Click the View Report button <p>Record Pickup Time</p> <ol style="list-style-type: none"> Double click the Pickup shortcut: SpecTrE [your location] Pickup Scan the Container barcode <p>Password Tip</p> <p>If you forget your password, contact the DynaLIFE Helpdesk (either call or email).</p> <p>Contact Information</p> <p>For TB specimens: - Put in comments - Risk group 3 only - Courier to PAC</p> <p>Specimen Processing 1(800) 661 9875 Ext. 8115 Email: ihelpdesk@dynalife.ca Phone: (780) 451-3702 ext 8146</p>
<ol style="list-style-type: none"> Follow the instructions on the quick reference sheet Barcode container labels are kept above the specimen receiving bench The area barcode is located in the core lab specimen receiving area 	

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Step	Action
Order a referred test in result entry screen:	
9	<ol style="list-style-type: none">1. Select Add Test2. Choose appropriate reference code: ?REFE- APL Edmonton3. Select Ok4. Add a period (.) in the results line5. Final report the test line

Step	Action
Complete Category A send-out process:	
10	<ol style="list-style-type: none">1. Print off any Vitek results for organism being referred2. Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&S swab3. 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 (ProvLab, Cat A)4. Place a requisition label on the APL requisition and scan into SoftMedia5. Pack specimen up according to TDG Category A regulations<ul style="list-style-type: none">➤ Send original paperwork with specimen6. Email completed coversheet to email locations listed7. File laboratory copy of the shipper's declaration in the TDG Send Outs binder in the core laboratory specimen receiving area8. Place Category A box on the countertop in the core lab specimen receiving area with Buffalo waybill and four original copies of the Shippers Declaration forms on the top of the Cat A box

REFERENCES:

1. *Alberta Precision Laboratories Reference Organism and Surveillance Requisition, 19193 (Rev2020-07)*
2. *DynaLIFE Spec.Tr.E Quick Reference-NWT*

APPROVAL:

Date

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 17	Initial Release	L. Steven
2.0	25 Feb 19	Updated to reflect use of <i>DynaLIFE</i> Spec.Tr.E specimen tracking engine	L. Steven
3.0	30 Apr 21	Procedure reviewed and added to NTHSSA policy template	L. Steven