

<b>PROGRAM Standard Operating Procedure – Laboratory Services</b>	
Title: MIC36300 – Referral of Cat B 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 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:

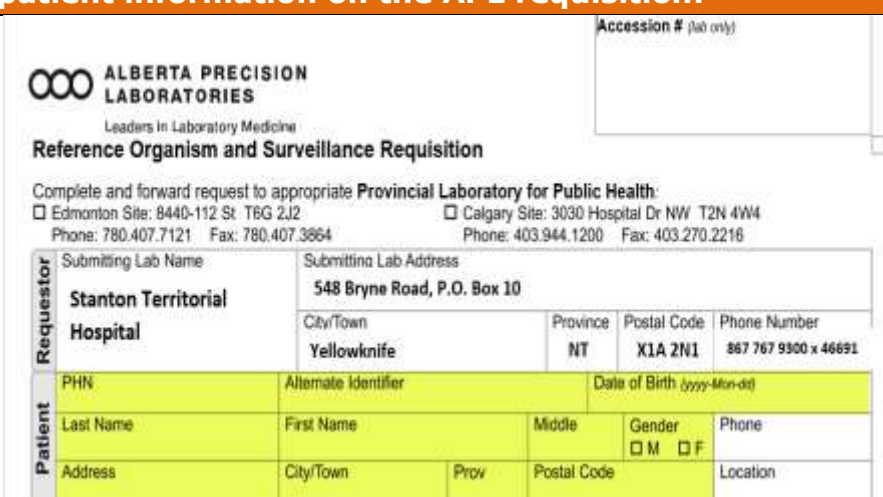
- Any organism that requires further identification not offered by DL
- Any organism that requires serological typing

**SUPPLIES:**

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

**PROCEDURE INSTRUCTIONS:**

Step	Action
<b>Complete collector ID information on the APL requisition:</b>	
<b>1</b>	
	<p>1. Stanton location information is pre-typed on the requisition</p> <p>2. The physician code and report location code need to be entered on the requisition</p> <p>3. To find the physician code and the report location code:</p> <ul style="list-style-type: none"> <li>➤ Open patient report in Order Entry</li> <li>➤ Ensure Edit Mode is activated. Click on Req. by:</li> <li>➤ The physician code is the UPIN#</li> <li>➤ The report location code is the numbers at the beginning of the ordering provider's address</li> </ul> 

Step	Action
<b>Complete patient information on the APL requisition:</b>	
<b>2</b>	
	<p>1. Place a LIS collection label on the APL requisition</p>

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Step	Action
<b>Complete collection information on the APL requisition:</b>	
<b>3</b>	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; margin-right: 20px;">Accession # (lab only)</p> </div> <ol style="list-style-type: none"> <li>1. Add the Stanton accession number in submitting lab specimen number</li> <li>2. Complete remaining collection information</li> </ol>

Step	Action						
<b>Complete organism information on the APL requisition:</b>							
<b>4</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #92d050;">Non-enteric Organism</th> <th style="background-color: #92d050;">Enteric Organism</th> <th style="background-color: #92d050;">Submitting Laboratory Information</th> </tr> </thead> <tbody> <tr> <td style="background-color: #92d050;"> <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  <b>MRSA Surveillance</b>  <input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing  <input type="checkbox"/> 1st Clinical isolate (every 12 months)  <input type="checkbox"/> Blood isolate (every 14 days)  <input type="checkbox"/> In-Patient  <input type="checkbox"/> Out-Patient  <input type="checkbox"/> LTCF                 </td> <td style="background-color: #92d050;"> <input type="checkbox"/> Identification  <input type="checkbox"/> Surveillance  <input type="checkbox"/> Susceptibility M RFOTH  <input type="checkbox"/> Campylobacter M RFCAMPY  <input type="checkbox"/> Campylobacter FOODNET M RFSTORE (FOODNET#FD-14-1)  <input type="checkbox"/> E.coli O157 M RFEC  <input type="checkbox"/> Salmonella species M RFSALM  <input type="checkbox"/> Salmonella Typhi M RFSALM  <input type="checkbox"/> Shigella M RFSHIG  <input type="checkbox"/> Query Shigella/E. coli M RFENT  <input type="checkbox"/> ShigaToxin positive E.coli (Non-O157) M RFEC  <input type="checkbox"/> Vibrio M RFVIBRIO  <input type="checkbox"/> Enteric Other (specify) M RFENT  <input type="checkbox"/> Aeromonas  <input type="checkbox"/> Yersinia  <input type="checkbox"/> Plesiomonas  <input type="checkbox"/> Other                 </td> <td style="background-color: #92d050;">                     Suspected ID:                       Gram Stain:                       Growth Conditions:                      O<sub>2</sub>                      CO<sub>2</sub>                      ANA                       Biochemicals:                      Oxidase                      Catalase                       VMS ID:                       Other Commercial ID:                      Ertapenem:                      Imipenem:                      Meropenem:                      Carbapenemase Discs:                 </td> </tr> </tbody> </table>	Non-enteric Organism	Enteric Organism	Submitting Laboratory Information	<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 <b>MRSA Surveillance</b> <input type="checkbox"/> MRSA Spa Typing MRSA Spa Typing <input type="checkbox"/> 1st Clinical isolate (every 12 months) <input type="checkbox"/> Blood isolate (every 14 days) <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> LTCF	<input type="checkbox"/> Identification <input type="checkbox"/> Surveillance <input type="checkbox"/> Susceptibility M RFOTH <input type="checkbox"/> Campylobacter M RFCAMPY <input type="checkbox"/> Campylobacter FOODNET M RFSTORE (FOODNET#FD-14-1) <input type="checkbox"/> E.coli O157 M RFEC <input type="checkbox"/> Salmonella species M RFSALM <input type="checkbox"/> Salmonella Typhi M RFSALM <input type="checkbox"/> Shigella M RFSHIG <input type="checkbox"/> Query Shigella/E. coli M RFENT <input type="checkbox"/> ShigaToxin positive E.coli (Non-O157) M RFEC <input type="checkbox"/> Vibrio M RFVIBRIO <input type="checkbox"/> Enteric Other (specify) M RFENT <input type="checkbox"/> Aeromonas <input type="checkbox"/> Yersinia <input type="checkbox"/> Plesiomonas <input type="checkbox"/> Other	Suspected ID:  Gram Stain:  Growth Conditions: O <sub>2</sub> CO <sub>2</sub> ANA  Biochemicals: Oxidase Catalase  VMS ID:  Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:
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Step	Action
<b>Complete highlighted areas on the APL RG2 coversheet:</b>	
<b>5</b>	 <p>The screenshot shows the APL RG2 coversheet with the following details:</p> <ul style="list-style-type: none"> <li><b>Stanton Territorial Hospital – Microbiology Laboratory</b>                      548 Byrne Road, PO Box 10 - Yellowknife, NT X1A 2N1                      Phone: 867 767-9300 ext. 46691                      Fax: 867 669-4141</li> <li><b>Health and Social Services Authority</b> logo</li> <li><b>To:</b> Alberta Precision Laboratories  <b>From:</b> STH Microbiology Laboratory</li> <li><b>Fax:</b> 1 (780) 407 3864  <b>Pages:</b> [Redacted]</li> <li><b>Phone:</b> 1 (780) 407 7121  <b>Date:</b> [Redacted]</li> <li><b>Re:</b> Transfer of Human Pathogens (L-R2-06731-22-6K-00)  <b>CC:</b> <a href="mailto:sth_biosafety@gov.nt.ca">sth_biosafety@gov.nt.ca</a></li> <li>Text: "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 [Redacted] program. Weigh Bill number of this shipment is [Redacted]. 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 <a href="mailto:sth_biosafety@gov.nt.ca">sth_biosafety@gov.nt.ca</a>. Thank you. Name of STH employee sending sample: [Redacted] Signature: [Redacted]"</li> </ul>

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

Step	Action
<b>Complete Category B send-out process:</b>	
<b>7</b>	<ol style="list-style-type: none"> <li>1. Print off any Vitek results for organism being referred</li> <li>2. Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&amp;S swab</li> <li>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"> <li>➤ Ensure the report is filed under the correct tab (ProvLab, Cat B)</li> </ul> </li> <li>4. Place a requisition label on the APL requisition and scan into SoftMedia</li> <li>5. Pack specimen up according to TDG Category B regulations                         <ul style="list-style-type: none"> <li>➤ Send original paperwork with specimen</li> </ul> </li> <li>6. Email completed coversheet to email locations listed</li> <li>7. Place Category B box in the Category B overpack box in the core lab specimen receiving area for shipment to <i>DynaLIFE</i></li> </ol>

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**REFERENCES:**

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

**APPROVAL:**

\_\_\_\_\_  
Date

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**REVISION HISTORY:**

REVISION	DATE	Description of Change	REQUESTED BY
1.0	28 Apr 17	Initial Release	L. Steven
2.0	25 Feb 19	Procedure reviewed	L. Steven
3.0	30 Apr 21	Procedure reviewed and added to NTHSSA policy template	L. Steven