

<b>PROGRAM Standard Operating Procedure – Laboratory Services</b>	
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:**

Referred-In Isolate Submission Form (LTR47241)  
 Edit Approved By: Hunter, Shane (11/20/2015)

DynaLIFE<sup>Dx</sup>  
 Revision: 3.00

**DynaLIFE<sup>Dx</sup>**  
 Suite 200, 10150 – 102 Street, Edmonton, AB T5J 5E5  
 Toll Free: 1-800-661-9876  
 Fax: (780) 453-9425 (Microbiology)

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:
	Submitting Lab Number:	

- 1**
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:
    - 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



4. Add the STH accession number in the submitting lab number box

**Step Action**  
**Complete patient information on the DL requisition:**

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Phone #:	Physician's Code:	Report Location:
Clinical History:	Submitting Lab Number:	
Current Antibiotics:	Specimen Source:	
Medical Officer of Health and/or Infection Control notified:	Specimen Collection Date:	
<input type="checkbox"/> Yes <input type="checkbox"/> No (If required)	Submission Date:	

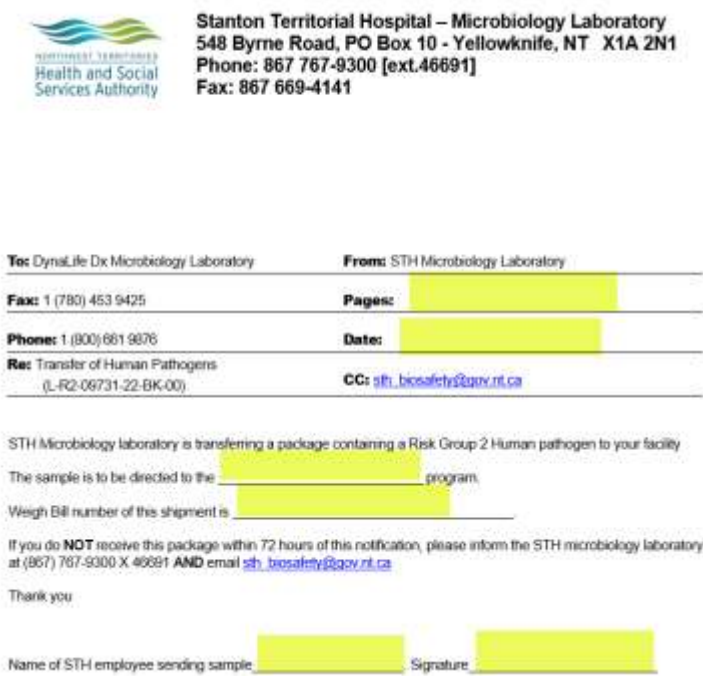
1. Place a LIS collection label on the DL requisition

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<b>Complete collection information on the DL requisition:</b>							
<b>3</b>	<div style="text-align: right;">  </div> <p><b>Referred-In Isolate Submission Form (LTR47241)</b>                  Edit Approved By: Hunter, Shane (11/20/2016)</p> <p><b>DynaLIFE Dx</b>                  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%; vertical-align: top;">                     Patient Name:                      Patient's PHN:                      Patient's DOB:                      Patient Address (Required for Notifiable Organisms):                       City:    Postal Code:                      Phone #:                 </td> <td style="width: 50%; vertical-align: top;">                     Submitting Facility Address:                      Stanton Territorial Hospital                      548 Bryne Road, P.O. Box 10                      Yellowknife, NT X1A 2N1                      Phone: (876) 767-9300 x 46691    Fax: (867) 669-4141                      Submitter ID 11122                      Physician's Code:                      Report Location:                      Submitting Lab Number:                       Specimen Source:                       Specimen Collection Date:                       Submission Date:                 </td> </tr> <tr> <td style="background-color: #ffff99;">                     Clinical History:                       Current Antibiotics:                       Medical Officer of Health and/or Infection Control notified:  <input type="checkbox"/> Yes   <input type="checkbox"/> No    (If required)                 </td> <td style="background-color: #ffff99;"></td> </tr> </tbody> </table> <ol style="list-style-type: none"> <li>1. Complete collection information</li> <li>2. Add the date the organism is being sent to <i>DynaLIFE</i></li> </ol>	REFERRED IN ISOLATE SUBMISSION FORM [Complete all sections]		Patient Name: Patient's PHN:                      Patient's DOB: Patient Address (Required for Notifiable Organisms):  City:    Postal Code: Phone #:	Submitting Facility Address: Stanton Territorial Hospital 548 Bryne Road, P.O. Box 10 Yellowknife, NT X1A 2N1 Phone: (876) 767-9300 x 46691    Fax: (867) 669-4141 Submitter ID 11122 Physician's Code:                      Report Location: Submitting Lab Number:  Specimen Source:  Specimen Collection Date:  Submission Date:	Clinical History:  Current Antibiotics:  Medical Officer of Health and/or Infection Control notified: <input type="checkbox"/> Yes <input type="checkbox"/> No    (If required)	
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Step	Action
<b>Complete highlighted areas on the DL RG2 coversheet:</b>	
<b>5</b>	 <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><b>To:</b> DynaLife Dx Microbiology Laboratory      <b>From:</b> STH Microbiology Laboratory</p> <p><b>Fax:</b> 1 (780) 453 9425      <b>Pages:</b> [Redacted]</p> <p><b>Phone:</b> 1 (800) 661 9876      <b>Date:</b> [Redacted]</p> <p><b>Re:</b> Transfer of Human Pathogens (L-R2-06731-22-BK-00)      <b>CC:</b> <a href="mailto:sth_biosafety@gov.nt.ca">sth_biosafety@gov.nt.ca</a></p> <p>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].</p> <p>If you do <b>NOT</b> receive this package within 72 hours of this notification, please inform the STH microbiology laboratory at (867) 767-9300 X 49891 <b>AND</b> email <a href="mailto:sth_biosafety@gov.nt.ca">sth_biosafety@gov.nt.ca</a></p> <p>Thank you</p> <p>Name of STH employee sending sample: [Redacted]      Signature: [Redacted]</p>

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>REFD-</b> <i>DynaLIFE</i></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 (<i>DynaLIFE</i>, Cat B)</li> </ul> </li> <li>4. Place a requisition label on the DL 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. *DynaLIFE DX Referred-In Isolate Submission Form (LTR47241)*, revision 3.00

**APPROVAL:**

\_\_\_\_\_  
Date

\_\_\_\_\_

**REVISION HISTORY:**

<b>REVISION</b>	<b>DATE</b>	<b>Description of Change</b>	<b>REQUESTED BY</b>
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

ref