

<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) 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 susceptibility testing 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>Accession # (lab only)</p> <p><b>ALBERTA PRECISION LABORATORIES</b>          Leaders in Laboratory Medicine  <b>Reference Organism and Surveillance Requisition</b></p> <p>Complete and forward request to appropriate <b>Provincial Laboratory for Public Health</b>:  <input type="checkbox"/> Edmonton Site: 8440-112 St T6G 2J2      <input type="checkbox"/> Calgary Site: 3030 Hospital Dr NW T2N 4W4          Phone: 780.407.7121 Fax: 780.407.3864      Phone: 403.944.1200 Fax: 403.270.2216</p> <table border="1"> <tr> <td rowspan="2" style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Requestor</b></td> <td>Submitting Lab Name</td> <td>Copy to Stanton Lab: Fax: 867-669-4306</td> <td>Physician Code:</td> <td>Report Location:</td> </tr> <tr> <td>Stanton Territorial Hospital</td> <td>City/Town Yellowknife</td> <td>Province NT</td> <td>Postal Code X1A 2N1</td> </tr> <tr> <td></td> <td>Submitting Lab Address 548 Bryne Road, P.O. Box 10</td> <td></td> <td>Phone Number 867 767 9300 x 46691</td> <td></td> </tr> </table>	<b>Requestor</b>	Submitting Lab Name	Copy to Stanton Lab: Fax: 867-669-4306	Physician Code:	Report Location:	Stanton Territorial Hospital	City/Town Yellowknife	Province NT	Postal Code X1A 2N1		Submitting Lab Address 548 Bryne Road, P.O. Box 10		Phone Number 867 767 9300 x 46691	
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	<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>														

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<b>Complete patient information on the APL requisition:</b>																																		
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	<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;"> </div> <p>1. Add the Stanton accession number in submitting lab specimen number                  2. Complete remaining collection information</p>

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: #d9ead3;">Non-enteric Organism</th> <th style="background-color: #d9ead3;">Enteric Organism</th> <th style="background-color: #d9ead3;">Submitting Laboratory Information</th> </tr> </thead> <tbody> <tr> <td style="background-color: #d9ead3;"> <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: #d9ead3;"> <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: #d9ead3;">                     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>	

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
4.0	21 Apr 23	Procedure reviewed	L. Steven