

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC36500 – Referral of Cat B Specimens to NML	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:

Select organisms are referred to the National Microbiology Laboratory (NML) as part of the International Circumpolar Surveillance System (ICS). ICS is a network of hospital, public health agencies, and reference laboratories throughout the Arctic linked together to collect, compare, and share uniform laboratory and epidemiologic data on infectious diseases and assist in the formulation of prevention and control strategies. TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category B specimens are sent as part of the ICS to the National Microbiology Laboratory appropriately.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) packaging Category B samples being referred to the National Microbiology Laboratory (NML).

SAMPLE INFORMATION:

The following organisms need to be sent to NML as part of the International Circumpolar Surveillance (ICS) program:

- *Streptococcus pneumoniae* from invasive sites
- *Streptococcus pyogenes* (GAS) from invasive sites
- *Streptococcus agalactiae* (GBS) from invasive sites
- *Haemophilus influenzae* from invasive sites
- *Neisseria meningitidis* from invasive sites

SUPPLIES:

- Copan Transystem Culture swab transport system (with or without charcoal)
- Appropriate NML requisition
- Category B box
- Category B package supplies
- NML RG2 Biosafety fax coversheet
- FedEx Intra-Canada Air Waybill

PROCEDURE INSTRUCTIONS:

Step	Action																																
Complete all sections highlighted on the NML Streptococcus requisition for Streptococcus organisms:																																	
1	<div style="border: 1px solid black; padding: 10px;"> <p>CULTURE SUBMISSION REQUISITION FOR STREPTOCOCCUS</p> <p>Streptococcus and STI Unit Bacteriology and Enteric Diseases Division National Microbiology Laboratory 1015 Arlington Street, Winnipeg, MB R3E 3R2 Office: (204) 789-6063 Lab: (204) 789-6016 Fax: (204) 789-6012 Email: NML.StrepSTI@phac.aspc.gc.ca</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">ISOLATION SITE / SOURCE SITE</th> <th colspan="2">SUBMITTED LAB RESULTS / ORGANISM AND MIC RESULTS</th> </tr> <tr> <th>ISOLATION SITE / SOURCE SITE</th> <th></th> <th>ISOLATION SITE / SOURCE SITE</th> <th></th> </tr> </thead> <tbody> <tr> <td style="background-color: #ffff00;">SUBMITTING LAB #</td> <td style="background-color: #ffff00;">PRIORITY</td> <td style="background-color: #ffff00;">SPECIMEN TYPE</td> <td style="background-color: #ffff00;">SUBMITTED LAB RESULTS / ORGANISM AND MIC RESULTS</td> </tr> <tr> <td style="background-color: #ffff00;">PHYSICIAN</td> <td style="background-color: #ffff00;">SEX</td> <td style="background-color: #ffff00;">AGE OR MONTHS IN LIFE (YYYY-MM-DD)</td> <td style="background-color: #ffff00;">DATE COLLECTED (YYYY-MM-DD)</td> </tr> <tr> <td style="background-color: #ffff00;">STREET ADDRESS</td> <td style="background-color: #ffff00;">CITY</td> <td style="background-color: #ffff00;">PROVINCE</td> <td style="background-color: #ffff00;">POSTAL CODE</td> </tr> <tr> <td style="background-color: #ffff00;">PHONE</td> <td style="background-color: #ffff00;">FAX</td> <td style="background-color: #ffff00;">E-MAIL</td> <td style="background-color: #ffff00;">LABORATORY</td> </tr> <tr> <td colspan="2">COMMENTS AND ADDITIONAL INFORMATION</td> <td>RECEIVED</td> <td>DATE & TIME</td> </tr> <tr> <td colspan="2">PERFORMED BY / COLLECTOR / CONTAINER / SPECIES</td> <td>DATA VERIFIED</td> <td>BY</td> </tr> </tbody> </table> <p>1. Stanton location information is pre-typed on the requisition</p> <p>2. Do not use a LIS label for the patient information. Only the accession number, sex of the patient and age of the patient is required</p> <p>3. Place a "Please CC" sticker on requisition:</p> <ul style="list-style-type: none"> ➤ Select the correct sticker depending on the patient's originating location, NWT or Nunavut <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: #ffff00; padding: 5px;"> <p>Please CC: Chief Medical Officer of Health Dept of Health & Social Services Government of Northwest Territories PH: (867) 767-9066 FAX: (867) 873-0442</p> </div> <div style="background-color: #ffff00; padding: 5px;"> <p>Please CC: "Chief Medical Officer of Health" Dept of Health & Social Services Government of Nunavut PH: (867) 975-5743 FAX: (867) 979-3190</p> </div> </div> </div>	ISOLATION SITE / SOURCE SITE		SUBMITTED LAB RESULTS / ORGANISM AND MIC RESULTS		ISOLATION SITE / SOURCE SITE		ISOLATION SITE / SOURCE SITE		SUBMITTING LAB #	PRIORITY	SPECIMEN TYPE	SUBMITTED LAB RESULTS / ORGANISM AND MIC RESULTS	PHYSICIAN	SEX	AGE OR MONTHS IN LIFE (YYYY-MM-DD)	DATE COLLECTED (YYYY-MM-DD)	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE	PHONE	FAX	E-MAIL	LABORATORY	COMMENTS AND ADDITIONAL INFORMATION		RECEIVED	DATE & TIME	PERFORMED BY / COLLECTOR / CONTAINER / SPECIES		DATA VERIFIED	BY
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Step	Action
Complete all sections highlighted on the NML Requisition for Vaccine Preventable Bacterial Diseases for <i>Haemophilus influenzae</i> and <i>Neisseria meningitidis</i> organisms:	
2	<div style="border: 1px solid black; padding: 10px;"> <p>REQUISITION FOR VACCINE PREVENTABLE BACTERIAL DISEASES REFERENCE TESTING</p> <p>SENDER INFORMATION NAME: Laura Steven ADDRESS: 548 Bryne Road, P.O. Box 10 CITY: Yellowknife PROVINCE: NT POSTAL CODE: X1A2N1 TELEPHONE: (867) 767-9300 ext. 46691 FAX: (867) 669-4141</p> <p>PATIENT INFORMATION PATIENT INITIALS: _____ DATE OF BIRTH (YYYY-MM-DD): _____ SEX: <input type="radio"/> M <input type="radio"/> F CITY: _____</p> <p>SPECIMEN INFORMATION SPECIMEN REF #: _____ COLLECTION DATE (YYYY-MM-DD): _____ DATE OF DISEASE ONSET (YYYY-MM-DD): _____ SOURCE OF SPECIMEN: _____</p> <p>SUSPECTED PATHOGEN _____</p> <p>TEST REQUIRED _____</p> <p>CLINICAL HISTORY CLINICAL DIAGNOSIS, SYMPTOMS: _____</p> <p>PREVIOUS LAB RESULTS: _____</p> <p>VACCINE HISTORY: _____</p> <p>COMMENTS _____</p> </div>
	<ol style="list-style-type: none"> 1. Stanton location information is pre-typed on the requisition 2. Do not use a LIS label for the patient information. Only the accession number, sex of the patient and age of the patient is required 3. Place a "Please CC" sticker on requisition: <ul style="list-style-type: none"> ➤ Select the correct sticker depending on the patient's originating location, NWT or Nunavut <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="background-color: yellow; padding: 5px;"> <p>Please CC: Chief Medical Officer of Health Dept of Health & Social Services Government of Northwest Territories PH: (867) 767-9066 FAX: (867) 873-0442</p> </div> <div style="background-color: yellow; padding: 5px;"> <p>Please CC: "Chief Medical Officer of Health" Dept of Health & Social Services Government of Nunavut PH: (867) 975-5743 FAX: (867) 979-3190</p> </div> </div>

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Step	Action
Complete highlighted areas on the NML RG2 coversheet:	
3	<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>To: National Microbiology Laboratory From: STH Microbiology Laboratory</p> <p>Fax: 1 (204) 789 5012 Pages: [Redacted]</p> <p>Phone: [Redacted] Date: [Redacted]</p> <p>Re: Transfer of Human Pathogens (L-RZ-09731-22-BK-00) CC: sth_biosafety@gov.nt.ca</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 NOT receive this package within 72 hours of this notification, please inform the STH microbiology laboratory at (867) 767-9300 X 46691 AND email sth_biosafety@gov.nt.ca</p> <p>Thank you</p> <p>Name of STH employee sending sample: [Redacted] Signature: [Redacted]</p>

Step	Action
Complete highlighted areas on the FedEx Intra-Canada Waybill:	
4	<p>FedEx Intra-Canada Air Waybill Lettre de transport aérien intérieure</p> <p>From: Stanton Territorial Hospital (548 Byrne Rd, Yellowknife, NT X1A 2N1) To: National Microbiology Laboratory (1015 Arlington St, Winnipeg, MB R3E 3K2)</p> <p>DATE: x46691 NAME: Stanton Terr Hospital Address: 548 Byrne Rd, Yellowknife, NT X1A 2N1 Phone: 867 767-9300</p> <p>DATE: x46691 NAME: NML Unit Address: National Micro Laboratory, 1015 Arlington St, Winnipeg Phone: 204 789-6015</p> <p>Shipper's Reference: NPV</p> <p>Tracking Number: 6327-8170-3</p> <p>Signature: SIGN HERE</p>

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Step	Action
Order a referred test in result entry screen:	
5	<ol style="list-style-type: none">1. Select Add Test2. Choose appropriate reference code: ?REFN- NML3. Select Ok4. Add a period (.) in the results line5. Final report the test line

Step	Action
Complete Category B send-out process:	
6	<ol style="list-style-type: none">1. Submit organism on a C&S swab labelled with the specimen accession number, name of organism being sent and date of birth of the patient<ul style="list-style-type: none">➤ NML does not use patient names or HCN. Please ensure a LIS label is not used on the swab2. Photocopy all papers and staple together. Hole punch photocopy stack and place in the NML Pending Referrals binder.3. Place a requisition label on the NML requisition and scan into SoftMedia4. Pack specimen up according to TDG Category B regulations<ul style="list-style-type: none">➤ Send original paperwork with specimen5. Email completed coversheet to email locations listed6. Place Category B box on the countertop in the core lab specimen receiving area with FedEx waybill on the top of the box

REFERENCES:

1. Public Health Agency of Canada. *Culture Submission Requisition For Streptococcus*. May 2015
2. Public Health Agency of Canada. *Requisition For Vaccine Preventable Bacterial Diseases Reference Testing*. August 2016

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	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

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