

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) packaging Category A samples being referred to Alberta Precision Laboratory.

SAMPLE INFORMATION:

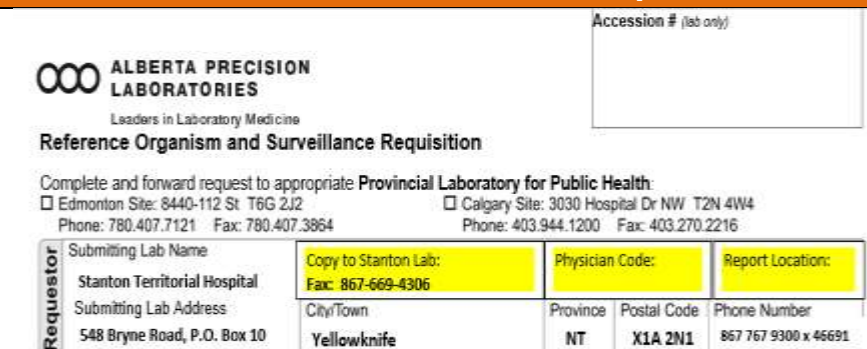

The following category A specimens need to be sent to APL for referral testing:


- 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

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.








Step	Action
Complete collection information on the APL requisition:	
3	<div style="border: 1px solid black; padding: 5px;"> <p style="text-align: right; margin-right: 20px;">Accession # (lab only)</p> <p>ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine Reference Organism and Surveillance Requisition</p> <p>Complete and forward request to appropriate Provincial Laboratory for Public Health <input type="checkbox"/> Edmonton Site: 8440-112 St T6G 2J2 Phone: 780.407.7121 Fax: 780.407.3864 <input type="checkbox"/> Calgary Site: 3030 Hospital Dr NW T2N 4W4 Phone: 403.944.1200 Fax: 403.270.2216</p> <p>Requestor Submitting Lab Name: Stanton Territorial Hospital Submitting Lab Address: 548 Bryne Road, P.O. Box 10 Copy to Stanton Lab: Fax: 867-669-4306 Physician Code: Report Location: City/Town: Yellowknife Province: NT Postal Code: X1A 2N1 Phone Number: 867 767 9300 x 46691</p> <p>Patient PHN: Alternate Identifier: Date of Birth (yyyy-Mon-dd): Last Name: First Name: Middle: Gender: <input type="checkbox"/> M <input type="checkbox"/> F Phone: Address: City/Town: Prov: Postal Code: Location:</p> <p>Collection Date (yyyy-Mon-dd): Time (24 hr): Location: Collector ID: Date Submitted (yyyy-Mon-dd): Specimen Source: Submitting Lab Specimen Number: Clinical Diagnosis: Travel History:</p> </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="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="vertical-align: top;"> <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 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="vertical-align: top;"> <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="vertical-align: top;"> Suspected ID Gram Stain Growth Conditions O₂ CO₂ ANA Biochemicals Oxidase Catalase VMS ID: Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs: </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Serotyping/Serogrouping/Surveillance <input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) <input type="checkbox"/> Group A Streptococcus M SEROGAS <input type="checkbox"/> Group B Streptococcus M SEROGBS <input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE <input type="checkbox"/> Haemophilus influenzae M SEROHAEM </td> <td></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 MRSA Surveillance <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 ₂ CO ₂ ANA Biochemicals Oxidase Catalase VMS ID: Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:	Serotyping/Serogrouping/Surveillance <input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) <input type="checkbox"/> Group A Streptococcus M SEROGAS <input type="checkbox"/> Group B Streptococcus M SEROGBS <input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE <input type="checkbox"/> Haemophilus influenzae M SEROHAEM		
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 MRSA Surveillance <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 ₂ CO ₂ ANA Biochemicals Oxidase Catalase VMS ID: Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:								
Serotyping/Serogrouping/Surveillance <input type="checkbox"/> Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) <input type="checkbox"/> Group A Streptococcus M SEROGAS <input type="checkbox"/> Group B Streptococcus M SEROGBS <input type="checkbox"/> Streptococcus pneumoniae M SEROSPNE <input type="checkbox"/> Haemophilus influenzae M SEROHAEM										

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Step	Action
5	<p data-bbox="219 241 1443 283" style="background-color: #f4a460; padding: 5px;">Complete highlighted areas on the RG3 coversheet:</p> <div data-bbox="503 430 1209 630" style="text-align: center;"><p data-bbox="714 451 1209 630">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> <hr/> <p data-bbox="470 735 1193 777">To: Alberta Precision Laboratories From: STH Microbiology Laboratory</p> <hr/> <p data-bbox="470 798 1193 840">Fax: 1 (780) 407 3864 Pages: [REDACTED]</p> <hr/> <p data-bbox="470 861 1193 903">Phone: 1 (780) 407 7121 Date: [REDACTED]</p> <hr/> <p data-bbox="470 903 1193 1081">Re: Transfer of Human Pathogens (L-R3-39987-22-FW-00) CC: sth_biosafety@gov.nt.ca dynalife_consulting@dynamifedx.com ashley_hughes@dynamifedx.com bob_verity@dynamifedx.com specmgmt.group@dynamifedx.com</p> <hr/> <p data-bbox="470 1134 1193 1165">STHA Microbiology laboratory is transferring a package containing a Risk Group 3 Human pathogen to your facility</p> <p data-bbox="470 1186 1193 1228">The sample is to be directed to the [REDACTED] program.</p> <p data-bbox="470 1239 1193 1281">Weigh Bill number of this shipment is [REDACTED].</p> <p data-bbox="470 1291 1193 1354">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 data-bbox="470 1375 552 1407">Thank you</p> <p data-bbox="470 1428 1161 1522">Name of STHA employee sending sample [REDACTED] Signature [REDACTED]</p> <p data-bbox="698 1659 909 1690" style="text-align: center;">CONFIDENTIAL WARNING</p> <p data-bbox="470 1711 1193 1837"><small>The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is <u>private</u>, and is legally protected by law. If you are not the intended recipient, you are hereby notified that <u>any</u> 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.</small></p>

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Step	Action																																										
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;"> <small>Two completed and signed copies of this Declaration must be handed to the operator.</small> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> TRANSPORT DETAILS <small>This shipment is within the limitations prescribed for:</small> </td> </tr> <tr> <td style="padding: 5px;"> <small>(delete non-applicable)</small> PASSENGER/A CARGO AIRCRAFT </td> <td style="padding: 5px;"> Airport of Departure (optional): Yellowknife, NT </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;">UN 2814</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: 10%; padding: 5px;"></td> <td style="width: 15%; padding: 5px;"> Quantity and Type of Packing <div style="text-align: center; font-size: 24px; border: 2px solid red; border-radius: 50%; width: 30px; height: 30px; display: inline-block; margin: 0 auto;">1</div> </td> <td style="width: 10%; padding: 5px;">Packing Inst. 620</td> <td style="width: 10%; padding: 5px;">Authorization</td> </tr> <tr> <td colspan="7" style="padding: 5px;"> Additional Handling Information CANUTEC 24 hour number: 613-996-6666 </td> </tr> <tr> <td colspan="6" 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> <td 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		<small>Two completed and signed copies of this Declaration must be handed to the operator.</small>		TRANSPORT DETAILS <small>This shipment is within the limitations prescribed for:</small>		<small>(delete non-applicable)</small> PASSENGER/A CARGO AIRCRAFT	Airport of Departure (optional): Yellowknife, NT	Airport of Destination (optional): Hay River	Shipment type: (delete non-applicable) NON-RADIOACTI XXXXXXXXXXXX	NATURE AND QUANTITY OF DANGEROUS GOODS		Dangerous Goods Identification							UN 2814	Infectious substance, affecting humans (suspected Category A infectious substance)	6.2		Quantity and Type of Packing <div style="text-align: center; font-size: 24px; border: 2px solid red; border-radius: 50%; width: 30px; height: 30px; display: inline-block; margin: 0 auto;">1</div>	Packing Inst. 620	Authorization	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) 
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																																											
<small>Two completed and signed copies of this Declaration must be handed to the operator.</small>																																											
TRANSPORT DETAILS <small>This shipment is within the limitations prescribed for:</small>																																											
<small>(delete non-applicable)</small> PASSENGER/A CARGO AIRCRAFT	Airport of Departure (optional): Yellowknife, NT																																										
Airport of Destination (optional): Hay River	Shipment type: (delete non-applicable) NON-RADIOACTI XXXXXXXXXXXX																																										
NATURE AND QUANTITY OF DANGEROUS GOODS																																											
Dangerous Goods Identification																																											
UN 2814	Infectious substance, affecting humans (suspected Category A infectious substance)	6.2		Quantity and Type of Packing <div style="text-align: center; font-size: 24px; border: 2px solid red; border-radius: 50%; width: 30px; height: 30px; display: inline-block; margin: 0 auto;">1</div>	Packing Inst. 620	Authorization																																					
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) 																																					
<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 																																											

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

Step	Action
Complete highlighted areas on the Buffalo Waybill:	
7	<p>Buffalo Express BUFFALO PARCEL COURIER SERVICES LTD. 1006 BUFFALO DRIVE, HAY RIVER, N.W.T. X3E 9R6 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 affecting humans SPECIAL INSTRUCTIONS: Dangerous goods as per attached Shippers declaration</p> <p>TRACKING: B 1391229</p> <p>IMPORTANT: SIGN PRINT</p> <p>OTHER: Fillant date</p> <p>PLEASE HARD - 5 COPIES</p> <p>THIS PART IS TO BE REMOVED ONLY BY THE PICK-UP COURIER</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/login.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 POC</p> <p>Specimen Processing 1(800) 661 9875 Ext. 8115 Email: thelpdesk@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 	

Disclaimer Message: This is a **CONTROLLED** document for internal use only. Any documents appearing in paper form are not controlled and should be checked against the electronic file version prior to use.

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
4.0	21 Apr 23	Procedure reviewed	L. Steven