Type: Laboratory Services Program SOP Policy Number: Date Approved:

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): NA				
Effective Date:	Next Review Date:			
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Date Approved:			
Accreditation Canada Applicable Standard: NA				

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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
- Spec.TR.E area barcode and container barcode
- Buffalo Express waybill

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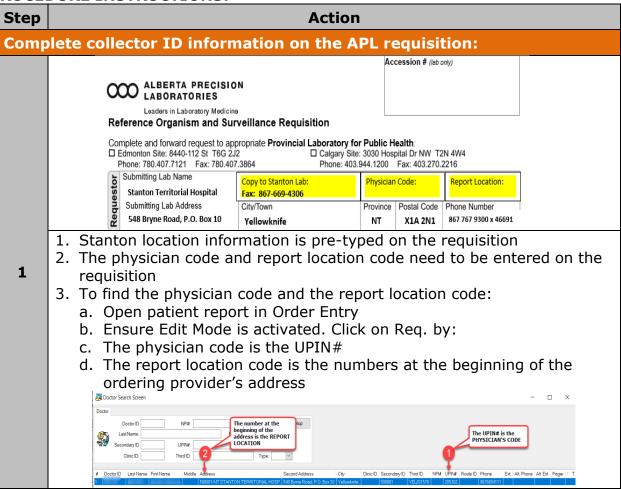
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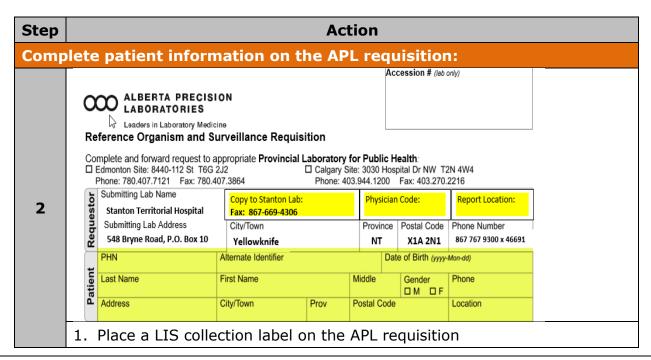
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PROCEDURE INSTRUCTIONS:





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Step	Action									
Complete collection information on the APL requisition:										
		Cor	ALBERTA PRECISION LABORATORIES Leaders in Laboratory Medicine ference Organism and Sumplete and forward request to appropriate the second control of the	ne prveillance Requisi propriate Provincial L J2	aboratory f	te: 3030	ic Healt	Dr NW T2	n 4W4	
		Requestor	Phone: 780.407.7121 Fax: 780.40 Submitting Lab Name Stanton Territorial Hospital Submitting Lab Address 548 Bryne Road, P.O. Box 10	Copy to Stanton Lab: Fax: 867-669-4306 City/Town Yellowknife	Phone: 40	1	ician Coo		Report Location: Phone Number 867 767 9300 x 46691	
3	Ze .	Co	Last Name	Alternate Identifier First Name		Middle	G	Birth (yyyy-l ender M D F	Phone	
			ollection Date (yyyy-Mon-dd)	City/Town Time (24 hr)	Location	Postal C		Collector		
	Date Submitted (yyyy-Mon-dd) Clinical Diagnosis			Specimen Source Travel History		Submitting Lab Specimen Number				
	 Add the Stanton accession number in submitting lab specimen number Complete remaining collection information 							umber		

Step	Action						
Complete organism information on the APL requisition:							
	Non-enteric Organism	Enteric Organism	Submitting Laboratory Information				
4	□ Identification for unknown organism □ Antibiotic Susceptibility specify antibiotics □ CPO confirmation ○ Organism □ Anaerobe ■ M RFANA □ Listeria □ Diptheria Toxin Testing □ Fungus/Yeast □ Mycobacteria □ M RFFUNG □ Mycobacteria □ M RFAB □ Neisseria gonorrhoeae □ Neisseria gonorrhoeae □ NerFOC □ Other Test Request (specify) □ VRE Confirmation ■ M RFOTH	□ Identification □ Surveillance □ Susceptibility □ Campylobacter □ Campylobacter FOODNET M RFSTORE □ Campylobacter FOODNET M RFSTORE □ E.coli O157 □ Salmonella species □ Salmonella Typhi □ Shigella □ Query Shigella/E. coli □ ShigaToxin positive E.coli □ (Non-O157) □ Vibrio □ Campylobacter □ M RFSALM □ RFSALM □ RFSALM □ Shigella □ M RFSALM □ R	Suspected ID Gram Stain				
	MRSA Surveillance	☐ Plesiomonas ☐ Other					
	☐ MRSA Spa Typing MRSA Spa Typing	Serotyping/Serogrouping/Surveillance	1,440,15				
	☐ 1st Clinical isolate (every 12 months) ☐ Blood isolate (every 14 days) ☐ In-Patient ☐ Out-Patient ☐ LTCF	□ Neisseria meningitidis NMEN PCR (All specimen types, PLNA & PLSA) M SERONMEN (Isolates only on PLSA site ONLY) □ Group A Streptococcus □ Group B Streptococcus □ Streptococcus pneumoniae □ Haemophilus influenzae M SEROSPNE M SEROHAEM	Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:				

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Title: MIC36200-Referral of Category A Specimens to APL

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services Next Review Date:

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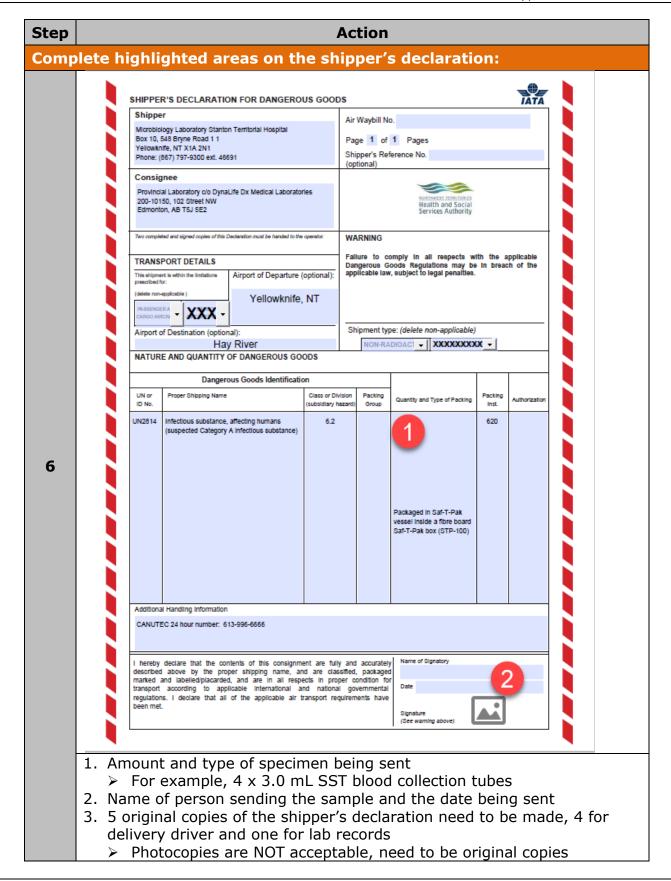
Step **Action** Complete highlighted areas on the RG3 coversheet: Stanton Territorial Hospital – Microbiology Laboratory 548 Byrne Road, PO Box 10 NORTHWEST TERRITORIES Yellowknife, NT X1A 2N1 Health and Social Phone: 867 767-9300 ext. 46691 Services Authority Fax: 867 669-4141 To: Alberta Precision Laboratories From: STH Microbiology Laboratory Fax: 1 (780) 407 3864 Pages: Phone: 1 (780) 407 7121 Date: Re: Transfer of Human Pathogens CC: sth_biosafety@gov.nt.ca (L-R3-39987-22-OL-01) sandra.lemke@albertaprecisionlabs.ca ashley.hughes@albertaprecisionlabs.ca robert.verity@albertaprecisionlabs.ca EDM.PPAManagement@albertahealthservices.ca 5 STHA Microbiology laboratory is transferring a package containing a Risk Group 3 Human pathogen to your facility The sample is to be directed to the ______ program. Weigh Bill number of this shipment is 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 Thank you Name of STHA employee sending sample Signature CONFIDENTIAL WARNING The documents accompanying this transmission contain confidential information intended for a specific individual and purpose. The information is private, and is legally protected by law. If you are not the intended recipient, you are hereby notified that nay disclosure, copying, distribution, or taking of any action in reference to the contents of this telecopied information is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by mail.

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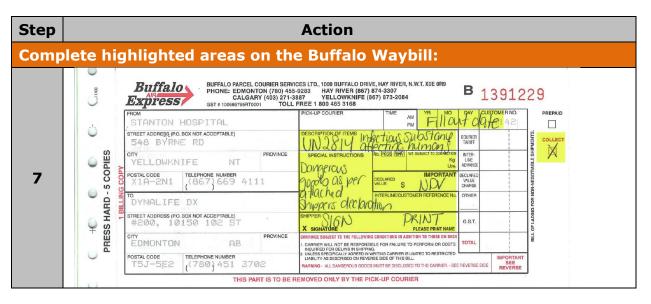
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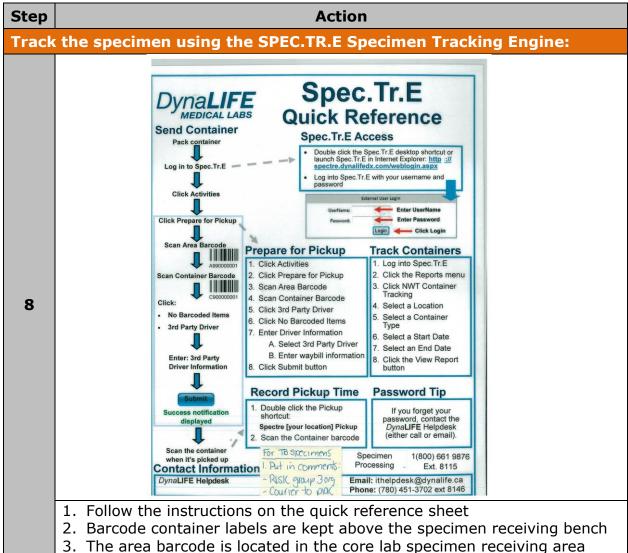


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Step	Action				
Orde	Order a referred test in result entry screen:				
9	 Select Add Test Choose appropriate reference code: ?REFE- APL Edmonton Select Ok Add a period (.) in the results line Final report the test line 				

Step	Action						
Complete Category A send-out process:							
10	 Print off any VITEK 2 results for organism being referred Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&S swab Photocopy all papers and staple together. Hole punch photocopy stack and place in the APL Pending Referrals binder Ensure the report is filed under the correct tab (APL, Cat A) Place a requisiton label on the APL requisition and scan into SoftMedia Pack specimen up according to TDG Category A regulations Send original paperwork with specimen Email completed coversheet to email locations listed File laboratory copy of the shipper's declaration in the TDG Send Outs binder in the core laboratory specimen receiving area 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 						

CROSS-REFERENCES:

NA

REFERENCES:

- 1. Alberta Precision Laboratories Reference Organism and Surveillance Requisition, 19193 (Rev2020-07)
- 2. Spec.Tr.E Quick Reference-NWT

APPROVAL:		
Date		

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Type: Laboratory Services Program SOP Policy Number:

Date Approved:

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

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