

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

Uncontrolled When Printed

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
- Any organism that requires susceptibility testing
- 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
------	--------

Complete collector ID information on the APL requisition:

1		<div style="border: 1px solid #ccc; padding: 10px;"> </div>																																								
		<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"> ➤ 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 																																								
		<table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th>#</th> <th>Doctor ID</th> <th>Last Name</th> <th>First Name</th> <th>Middle</th> <th>Address</th> <th>Second Address</th> <th>City</th> <th>Clinic ID</th> <th>Secondary ID</th> <th>Third ID</th> <th>NPI#</th> <th>UPIN#</th> <th>Route ID</th> <th>Phone</th> <th>Ext.</th> <th>Alt. Phone</th> <th>Alt. Ext.</th> <th>Pager</th> <th>T.</th> </tr> </thead> <tbody> <tr> <td></td> <td>500001</td> <td>NT STANTON TERRITORIAL HOSP</td> <td>548 Bryne Road, P.O. Box 10</td> <td>Yellowknife</td> <td>500001</td> <td>YEL01570</td> <td>105302</td> <td>8676934111</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	#	Doctor ID	Last Name	First Name	Middle	Address	Second Address	City	Clinic ID	Secondary ID	Third ID	NPI#	UPIN#	Route ID	Phone	Ext.	Alt. Phone	Alt. Ext.	Pager	T.		500001	NT STANTON TERRITORIAL HOSP	548 Bryne Road, P.O. Box 10	Yellowknife	500001	YEL01570	105302	8676934111											
#	Doctor ID	Last Name	First Name	Middle	Address	Second Address	City	Clinic ID	Secondary ID	Third ID	NPI#	UPIN#	Route ID	Phone	Ext.	Alt. Phone	Alt. Ext.	Pager	T.																							
	500001	NT STANTON TERRITORIAL HOSP	548 Bryne Road, P.O. Box 10	Yellowknife	500001	YEL01570	105302	8676934111																																		

Step	Action
------	--------

Complete patient information on the APL requisition:


2		<div style="border: 1px solid #ccc; padding: 10px;"> </div>
		<p>1. Place a LIS collection label on the APL requisition</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 collection information on the APL requisition:	
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> </div> <div style="width: 25%; border: 1px solid black; padding: 5px;"> Accession # (lab only) </div> </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 _____ 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 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> </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 _____ 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	Suspected ID Gram Stain Growth Conditions O ₂ CO ₂ ANA Biochemicals Oxidase Catalase VMS ID: Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:
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 _____ 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	Suspected ID Gram Stain Growth Conditions O ₂ CO ₂ ANA Biochemicals Oxidase Catalase VMS ID: Other Commercial ID: Ertapenem: Imipenem: Meropenem: Carbapenemase Discs:					

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 "Biosafety Cat B Notification to APL" notification form:					
5	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  <p>Stanbon Territorial Hospital P.O. Box 33, 555 Byrne Road YELLOWKNIFE, NT X1A 2N2</p> </div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Document Name: Biosafety Cat B Notification to APL</td> <td style="width: 50%;">Document Number: MIC36310</td> </tr> <tr> <td>Distribution: Microbiology Culture Manual</td> <td>Date Issued: December 18, 2023</td> </tr> </table> <p>To: sth_biosafety@gov.nt.ca</p> <p>Re: Transfer of Human Pathogens to Alberta Precision Laboratories</p> <p>The STH Microbiology Laboratory is transferring a package containing a Risk Group 2 pathogen to Alberta Precision Laboratories in Edmonton, AB.</p> <p>The sample is being directed to the _____ department</p> <p>The waybill number of this shipment is _____</p> <p>Date: _____</p> <p>Name of STH employee sending the sample: _____</p> <p>Signature of STH employee sending the sample: _____</p>	Document Name: Biosafety Cat B Notification to APL	Document Number: MIC36310	Distribution: Microbiology Culture Manual	Date Issued: December 18, 2023
Document Name: Biosafety Cat B Notification to APL	Document Number: MIC36310				
Distribution: Microbiology Culture Manual	Date Issued: December 18, 2023				

Step	Action
Order a referred test in result entry screen:	
6	<ol style="list-style-type: none"> 1. Select Add Test 2. Choose appropriate reference code: ?REFE- APL Edmonton 3. Select Ok 4. Add a period (.) in the results line 5. Final report the test line

Step	Action
Complete Category B send-out process:	
7	<ol style="list-style-type: none"> 1. Print off any VITEK 2 results for organism being referred 2. Submit organism on a labelled agar plate sealed with parafilm or on a labelled C&S swab 3. Photocopy all papers and staple together. Hole punch photocopy stack and place in the APL Pending Referrals binder <ul style="list-style-type: none"> ➤ Ensure the report is filed under the correct tab (APL, Cat B) 4. Place a requisition label on the APL requisition and scan into SoftMedia 5. Pack specimen up according to TDG Category B regulations <ul style="list-style-type: none"> ➤ Send original paperwork with specimen 6. Email completed "Biosafety Cat B Notification to APL" notification form to sth_biosafety@gov.nt.ca 7. Place Category B box in the Category B overpack box in the core lab specimen receiving area for shipment to APL

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.

REFERENCES:

1. *Alberta Precision Laboratories Reference Organism and Surveillance Requisition*, 19193 (Rev2020-07)

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
5.0	18 Dec 23	Procedure updated to reflect new biosafety notification form	L. Steven