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

PROGRAM Standard Operating Procedure – Laboratory Services			
Title: MIC36400 -	Policy Number:		
Referral of Cat B Specimens to DL			
Program Name: Laboratory Services			
Applicable Domain: Lab, DI and Pharmacy Services			
Additional Domain(s): NA			
Effective Date: Next Review Date:			
Issuing Authority: Date Approved:			
Director, Laboratory and Diagnostic Imaging Services			
Accreditation Canada Applicable Standard: NA			

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GUIDING PRINCIPLE:

Organisms that cannot be identified or require further susceptibility testing need to be referred to *Dyna*LIFE (DL). TDG regulations need to be followed including paperwork and packaging.

PURPOSE/RATIONALE:

To ensure microbiology Category B specimens are sent for referral testing to *Dyna*LIFE appropriately.

SCOPE/APPLICABILITY:

This procedure applies to Medical Laboratory Technologists (MLTs) packaging Category B samples being referred to *DynaLIFE*.

SAMPLE INFORMATION:

The following category B specimens need to be sent to DL for referral testing:

- Any organism that cannot be identified
- Any susceptibility testing that cannot be performed at Stanton microbiology laboratory
- Any susceptibility testing that requires confirmation

SUPPLIES:

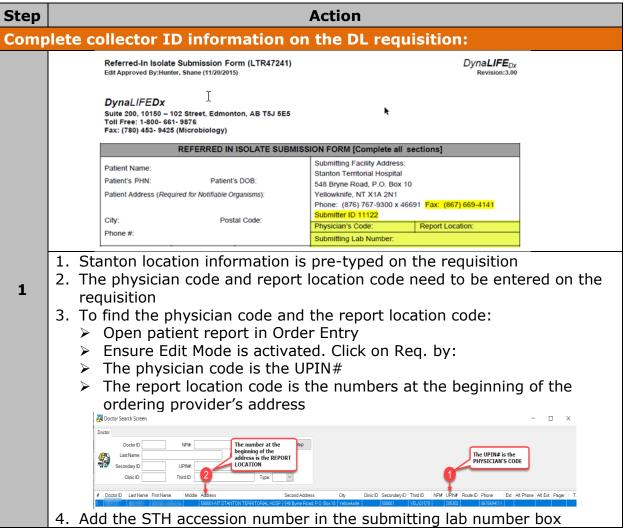
- Copan Transystem Culture swab transport system (with or without charcoal)
- DynaLIFE Referred-In Isolate Submission Form
- Category B box
- Category B package supplies
- DL RG2 Biosafety fax coversheet

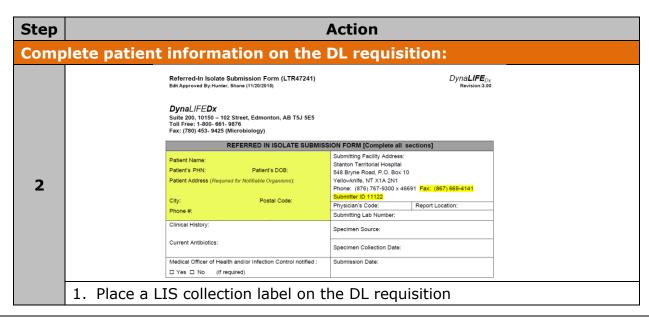
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Policy Number: Date Approved: Page 1 of 5

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

PROCEDURE INSTRUCTIONS:

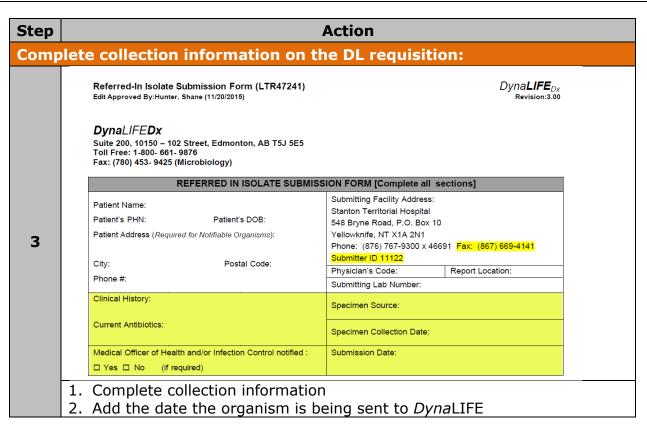




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Policy Number: Page 2 of 5

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

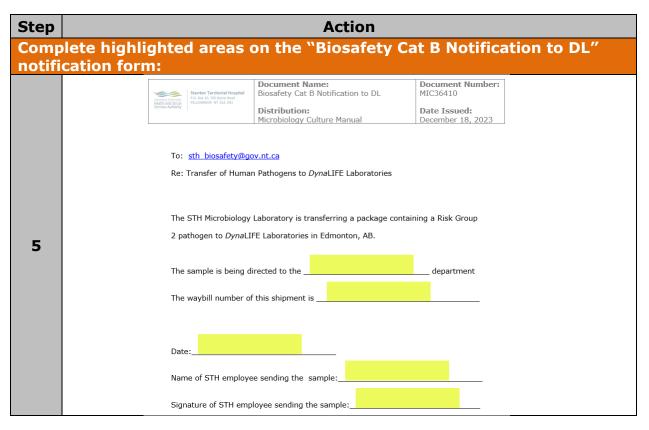


Step			Action		
Comp	Complete organism information on the DL requisition:				
	Referred-in Isolat Edit Approved By:Hun	e Submission Form (LTR47241) ter, Shane (11/20/2015)		DynaLIFE _{Dx} Revision:3.00	
	DynaLIFEDX Suite 200, 10150 – 1 Toll Free: 1-800 - 66 Fax: (780) 453- 942:				
		REFERRED IN ISOLATE SUBMIS	SION FORM [Complet	te all sections]	
	Patient Name: Patient's PHN: Patient Address (Req	Patient's DOB: uired for Notifiable Organisms):	Submitting Facility Adi Stanton Territorial Hos 548 Bryne Road, P.O. Yellowknife, NT X1A 2 Phone: (876) 767-93(Submitter ID 11122	spital . Box 10	
	City:	Phone #:		Report Location:	
				er:	
	Clinical History: Current Antibiotics:		Specimen Source:		
4			Specimen Collection E	Date:	
	Medical Officer of He	Medical Officer of Health and/or Infection Control notified :			
	☐ Yes ☐ No (if	required)			
		SUPPORTING DATA [Co	mplete all relevant se	ctions]	
		☐ Gram Smear Interpretation ☐ Identif			
	** ☐ Susceptibility ** ☐ Freeze Only **Organism Identification: Was this a pure culture? ☐ Yes			m Identification:	
	Direct Smear Result	□ No (list other isolates) Direct Smear Results: □ Aerobe □ Anaerobe □ CO2		☐ Aerobe ☐ Anaerobe	
	Oxidase:	Catalase: Other Tests:		Gram Stain:	
	Commercial Identification System & Susceptibility Results: (Attach Copy of Results) Identification (Suspected): Vegreville only Pre-incubated urine: Colony count Colony type				
				pe	

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Policy Number: Page 3 of 5

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



Step	Action	
Order a referred test in result entry screen:		
6	 Select Add Test Choose appropriate reference code: ?REFD- DynaLIFE Select Ok Add a period (.) in the results line Final report the test line 	

Step	Action			
Complete Category B send-out process:				
	 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 <i>Dyna</i>LIFE and ProvLab Pending Referrals binder Ensure the report is filed under the correct tab (<i>Dyna</i>LIFE, Cat B) 			
7	 4. Place a requisiton label on the DL requisition and scan into SoftMedia 5. Pack specimen up according to TDG Category B regulations > Send original paperwork with specimen 			
	6. Email completed "Biosafety Cat B Notification to DL" 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 <i>Dyna</i> LIFE			

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Policy Number: Page 4 of 5

Title: MIC36400-Referral of Category B Specimens to DL

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date:

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

REFERENCES:

1. DynaLIFE DX Referred-In Isolate Submission Form (LTR47241), revision 3.00

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

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Policy Number: Date Approved: Page 5 of 5