

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): 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:

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
- *Neisseria gonorrhoeae* from genital specimens

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="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SENDER INFORMATION</p> <p>CONTACT NAME: ¹ Laura Steven</p> <p>ORGANIZATION: Stanton Territorial Hospital</p> <p>ADDRESS: 548 Bryne Road, P.O. Box 10</p> <p>CITY: Yellowknife</p> <p>PROVINCE: NT POSTAL CODE: X1A2N1</p> <p>TELEPHONE: (867) 767-9300 ext.46691 FAX: (867) 669-4141</p> <p>EMAIL: laura_steven@gov.nt.ca</p> </div> <div style="width: 45%; text-align: right;"> <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) 789-6015 Fax: (204) 789-5012 Email: NML.StrepSTI@phac-aspc.gc.ca</p> </div> </div>																																																																																																																																																																	
	<p>CULTURE INFORMATION ²</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="background-color: #ffff00;">SUBMITTING LAB #</th> <th rowspan="2" style="background-color: #ffff00;">PHYSICIAN / OUTBREAK</th> <th rowspan="2" style="background-color: #ffff00;">PH-LAB LINKAGE INFO</th> <th colspan="4" style="background-color: #cccccc;">ISOLATION SITE / SOURCE SITE</th> <th rowspan="2" style="background-color: #ffff00;">AGE OR BIRTH DATE (YYYY-MM-DD)</th> <th rowspan="2" style="background-color: #ffff00;">DATE ISOLATED OR COLLECTED (YYYY-MM-DD)</th> <th colspan="4" style="background-color: #cccccc;">SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS</th> <th rowspan="2" style="background-color: #cccccc;">NML USE ONLY</th> </tr> <tr> <th style="background-color: #ffff00;">BLOOD</th> <th style="background-color: #ffff00;">CSF</th> <th style="background-color: #ffff00;">OTHER⁴</th> <th style="background-color: #ffff00;">SEX (M/F)</th> <th style="background-color: #ffff00;">S. pneumoniae</th> <th style="background-color: #ffff00;">S. pyogenes (GAS)</th> <th style="background-color: #ffff00;">S. agalactiae (GBS)</th> <th style="background-color: #ffff00;">OTHER ORGANISM³</th> <th style="background-color: #ffff00;">SUBMITTED PRELIMINARY LAB RESULT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr> <td colspan="8" style="background-color: #cccccc;">COMMENTS AND ADDITIONAL INFORMATION</td> <td style="background-color: #cccccc;">NML USE ONLY</td> <td style="background-color: #cccccc;">NLY</td> <td style="background-color: #cccccc;">DATE & TIME</td> <td style="background-color: #cccccc;">BY</td> <td colspan="2"> </td> </tr> <tr> <td colspan="8" style="background-color: #cccccc;">For international Circumsporadic Surveillance (ICS)</td> <td style="background-color: #cccccc;">RECEIVED</td> <td colspan="2"> </td> <td colspan="2"> </td> </tr> <tr> <td colspan="8" style="background-color: #cccccc;"> </td> <td style="background-color: #cccccc;">DATA VERIFIED</td> <td colspan="2"> </td> <td colspan="2"> </td> </tr> </tbody> </table>	SUBMITTING LAB #	PHYSICIAN / OUTBREAK	PH-LAB LINKAGE INFO	ISOLATION SITE / SOURCE SITE				AGE OR BIRTH DATE (YYYY-MM-DD)	DATE ISOLATED OR COLLECTED (YYYY-MM-DD)	SUBMITTED LAB RESULTS ORGANISM AND MIC RESULTS				NML USE ONLY	BLOOD	CSF	OTHER ⁴	SEX (M/F)	S. pneumoniae	S. pyogenes (GAS)	S. agalactiae (GBS)	OTHER ORGANISM ³	SUBMITTED PRELIMINARY LAB RESULT																																																																																																			COMMENTS AND ADDITIONAL INFORMATION								NML USE ONLY	NLY	DATE & TIME	BY			For international Circumsporadic Surveillance (ICS)								RECEIVED													DATA VERIFIED				
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<p><small>¹ Name to provide test results. ² Samples not accompanied by relevant patient information and clinical history may be subject to rejection. For current acceptance criteria refer to the NML Guide to Services. ³ These isolates will be screened for <i>S. pyogenes</i> and <i>S. pneumoniae</i>. If negative they will be forwarded to the Special Bacteriology Laboratory, NML, for further characterization. ALL invasive blood, CSF, other sterile sites isolates and/or typing results of <i>Streptococcus pneumoniae</i> and <i>Streptococcus pyogenes</i> Group A (Strep) should be submitted to the NML for surveillance purposes. ⁴ Please do not submit isolates or data from non-sterile sites (sputum, middle ear fluid, etc) unless associated with an outbreak investigation or special clinical significance. The Client and NML agree that this requisition acts as an agreement for the NML to provide testing, as described in the Guide to Services, for the above requested tests. May 2015</small></p>																																																																																																																																																																		
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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 	

Step	Action
Complete all sections highlighted on the NML N.gon	
:	
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Step	Action						
Complete highlighted areas on the "Biosafety Cat B Notification to NML" notification form:							
3	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  <table border="0" style="width: 100%;"> <tr> <td style="font-size: small;">Stanton Territorial Hospital P.O. Box 35, 550 Byrne Road Yellowknife, NT X1A 2H5</td> <td>Document Name: Biosafety Cat B to NML Notification</td> <td>Document Number: MIC36510</td> </tr> <tr> <td></td> <td>Distribution: Microbiology Culture Manual</td> <td>Date Issued: December 18, 2023</td> </tr> </table> </div> <p>To: sth_biosafety@gov.nt.ca</p> <p>Re: Transfer of Human Pathogens to the National Microbiology Laboratory</p> <p>The STH Microbiology Laboratory is transferring a package containing a Risk Group 2 pathogen to the National Microbiology Laboratory in Winnipeg, MB.</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>	Stanton Territorial Hospital P.O. Box 35, 550 Byrne Road Yellowknife, NT X1A 2H5	Document Name: Biosafety Cat B to NML Notification	Document Number: MIC36510		Distribution: Microbiology Culture Manual	Date Issued: December 18, 2023
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Step	Action
Complete highlighted areas on the FedEx Intra-Canada Waybill:	

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Step	Action
Order a referred test in result entry screen:	
5	<ol style="list-style-type: none"> 1. Select Add Test 2. Choose appropriate reference code: ?REFN- NML 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:	
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 swab 2. 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 SoftMedia 4. Pack specimen up according to TDG Category B regulations <ul style="list-style-type: none"> ➤ Send original paperwork with specimen 5. Email completed "Biosafety Cat B Notification to NML" notification form to sth_biosafety@gov.nt.ca 6. Place Category B box on the countertop in the core lab specimen receiving area with FedEx waybill on the top of the box

CROSS REFERENCES:
 NA

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

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