

PROGRAM Standard Operating Procedure – Laboratory Services	
Title: MIC10400 – Accessioning CMPT Surveys	Policy Number: 15-145-V1
Program Name: Laboratory Services	
Applicable Domain: Lab, DI and Pharmacy Services	
Additional Domain(s): NA	
Effective Date: 14/03/2024	Next Review Date: 14/03/2026
Issuing Authority: Director, Laboratory and Diagnostic Imaging Services	Date Approved: 14/03/2024
Accreditation Canada Applicable Standard: NA	

**GUIDING PRINCIPLE:**

CMPT surveys provide external assessment challenges (EQA) for clinical microbiology laboratories. The program covers a wide variety of samples normally received by laboratories for staining, bacteriology culture and identification.

The Stanton Territorial Hospital Microbiology Laboratory participates in the following CMPT external assessment challenges:

1. Clinical Bacteriology program
2. *C. difficile* program
3. AFB (Acid-Fast bacilli) stain program
4. Screens/Molecular program
5. *Trichomonas vaginalis* detection program

**PURPOSE/RATIONALE:**

This standard operating procedure describes how to accession CMPT surveys in a standardized way so that results do not affect epidemiology statistics and so that patient specific system rules are applied correctly.

**SCOPE/APPLICABILITY:**

This standard operating procedure applies to Medical Laboratory Technologists (MLTs) processing competency survey specimens.

**SAMPLE INFORMATION:**

- Testing material consists of lyophilized cultures, slides and “simulated” patient specimens.
- Refer to the directions accompanying each survey for specimen handling.

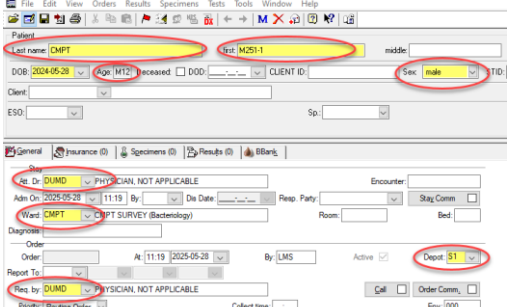
## SPECIAL SAFETY PRECAUTIONS:

Containment Level 2 facilities, equipment, and operational practices for work involving infectious or potentially infectious materials or cultures:

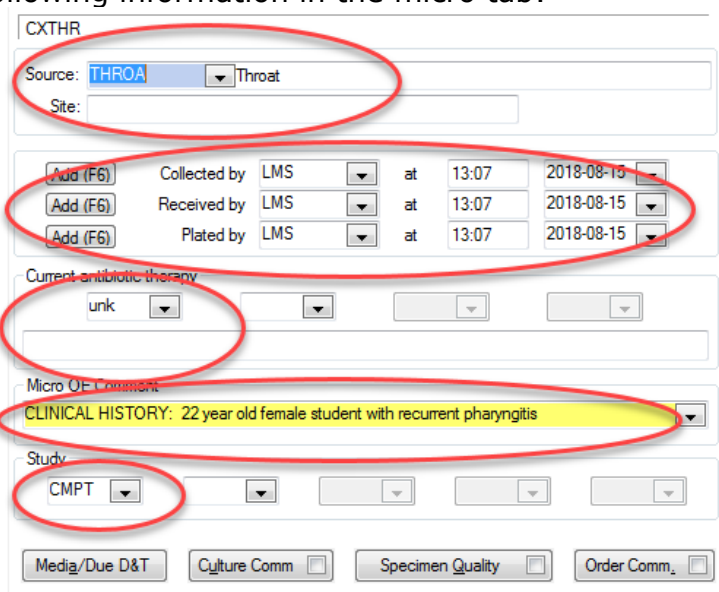
- Ensure that appropriate hand hygiene practices be used
- Lab gown must be worn when performing activities with potential pathogens
- Gloves must be worn when direct skin contact with infected materials is unavoidable
- Eye protection must be used when there is a known or potential risk of exposure of splashes
- All procedures that may produce aerosols, or involve high concentrations or large volumes should be conducted in a biological safety cabinet (BSC)
- The use of needles, syringes and other sharp objects should be strictly limited

All patient specimens are assumed to be potentially infectious. Routine Practices must be followed. Since viable micro-organisms are used, all cultures must be handled with appropriate precautions. All equipment in contact with cultures should be decontaminated by appropriate methods.

## PROCEDURE INSTRUCTIONS:

Step	Action
<b>Ordering CMPT samples in SoftMic</b>	
<b>1</b>	In Order Entry, select <b>"New"</b> to create a new patient
<b>2</b>	Fill out the following information in the general tab: 
	<b>LAST NAME:</b> CMPT
	<b>FIRST NAME:</b> CMPT Specimen No.
	<b>AGE:</b> As specified on CMPT Case History Sheet
	<b>SEX:</b> As specified on CMPT Case History Sheet
	<b>REQ. BY:</b> DUMD
	<b>ATT. DR.:</b> DUMD
	<b>WARD:</b> CMPT <b>NOTE:</b> The ward must be CMPT in order to exclude data from epidemiology reports
	<b>DEPOT:</b> S1

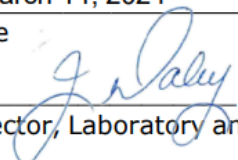
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3	<p>Fill out the following information in the micro tab:</p> 
	<p><b>ORDER:</b> Order the test specified on the CMPT Case History Sheet</p>
	<p><b>SOURCE:</b> Choose the appropriate source as per the CMPT Case History Sheet</p>
	<p><b>SITE:</b> Free text the site information provided on the CMPT Case History Sheet</p>
	<p><b>COLLECTED/RECEIVED/PLATED:</b> Add yourself</p>
	<p><b>ANTIBIOTIC THERAPY:</b> Fill out as per the CMPT Case History Sheet</p>
	<p><b>MICRO OE COMMENTS:</b> Record the clinical history provided on the CMPT Case History Sheet</p>
	<p><b>STUDY:</b> Select the study CMPT</p>
4	<p><b>NOTE:</b> Without this step, the specimen will not qualify to the review worklist</p>
	<p>Place the requisition barcodes for all specimens accessioned on a separate piece of paper and attach to the paperwork that accompanied the survey. Place all papers on the Dark Room bench.</p>

APPROVAL:

March 14, 2024

Date



Director, Laboratory and Diagnostic Imaging Service

REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	07 Mar 17	Initial Release	L. Steven
2.0	30 Jan 22	Procedure reviewed and added to NTHSSA policy template	L. Steven
3.0	14 Feb 24	Procedure reviewed	L. Steven