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

PROGRAM Standard Operating Procedure – Laboratory Services							
Title: MIC36500 – Referral of Category B Bacterial 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							

# **GUIDING PRINCIPLE:**

Select organisms are referred to the National Microbiology Laboratory (NML) as part of the International Circumpolar Surveillance (ICS) program and for molecular typing when requested. TDG regulations need to be followed including paperwork and packaging.

# **PURPOSE/RATIONALE:**

This standard operating procedure ensures Category B bacterial specimens are sent for surveillance testing to the NML correctly.

## **SCOPE/APPLICABILITY:**

This standard operating procedure applies to Medical Laboratory Technologists (MLTs) packaging Category B samples being referred to the NML.

## **SAMPLE INFORMATION:**

The following organisms need to be sent to NML:

- 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
- Bacterial isolate for molecular typing

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# **SUPPLIES:**

- Copan Transystem culture swab transport system (with or without charcoal)
- Appropriate NML requisition
- Category B box
- · Category B package supplies
- FedEx Intra-Canada Air Waybill

# **PROCEDURE INSTRUCTIONS:**

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SENDER INF													Agence de la santé publique du Canad		Canada
CONTACT NAME:	1 Laura Steven							•		Agenc	y or G	anada	publique du Canad	ra P	rotected B when complet
ORGANIZATION:	Stanton Territorial F	Hospital							CU	LTU	JRE	SU	BMISSION	REQU	SITION FOR
ADDRESS:	548 Bryne Road, P.	O Box 10												STREP	TOCOCCUS
CITY:	Yellowknife											Ra	acterial Pathogens	Streptococo	cus and STI Section Wastewater Division
PROVINCE:	NT	POSTAL CO	_		1A2N1									National Mid	robiology Laborato
TELEPHONE:	8677679		86	376694	1306	_							Telephone: 2	204-789-765	nipeg, MB, R3E 3F 8 Fax: 204-789-214
	laura_steven@gov.	nt.ca				_							Email: nml.streps	sti-Inm.strep	its@phac-aspc.gc.c
CULTURE IN	FORMATION <sup>2</sup>														
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COMMENTS AND	ADDITIONAL INFO	PMATION							NIMI	LICE (	ONLY		DATE & TII	ME	BY
COMMENTS AND	ADDITIONAL INFOR	RMATION							NML USE ONLY DATE & TIME BY  RECEIVED					БТ	
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<sup>1</sup> Name to provide test n	esults. <sup>2</sup> Samples not accom	panied by relevant patient informat	ion and c	dinical hi	story may be si	ubject to	rejection. For current as	cceptance criteria refer	to the N	ML Guid	de to Ser	vices.			
		d S. pneumoniae. ALL invasive (blo											roup A Strep) should be so	ubmitted to the NN	IL for surveillance purposes.
		from non-sterile sites (sputum, mide of the Public Health Agency of					-								red duplicates.
testing, as described	in the Guide to Services,	for the above requested tests			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
August 2025															
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# Step **Action** Complete all sections highlighted on the NML REQUITITION FOR VACCINE PREVENTABLE BACTERIAL DISESES REFERENCE TESTING for Haemophilus influenzae and Neisseria meningitidis isolates: Public Health Agence de la santé Agency of Canada publique du Canada Canada REQUISITION FOR VACCINE DISEASES REFERENCE TESTING SUSPECTED PATHOGEN 548 Bryne Road, P.O. Box 10 POSTAL CODE: CLINICAL HISTORY OTHER INFORMATION: SPECIMEN INFORMATION COLLECTION DATE (YYYY-MM-DD) SOURCE OF SPECIMEN The National Microbiology Laboratory (NML) of the Public Health Agency of Canada (PHAC) provides reference diagnostic services free of charge. 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. 2 1. The **SENDER INFORMATION** section is pre-typed on the requisition 2. In the **PATIENT INFORMATION** section, add the PATIENT INITIALS > DATE OF BIRTH of the patient > SEX of the patient > CITY of the patient OTHER INFORMATION provided by the ordering provider **NOTE:** Do not use a LIS label for patient information 3. In the **SPECIMEN INFORMATION** section, add the > SPECIMEN REF # which is our LIS accession number > COLLECTION DATE > DATE OF DISEASE ONSET if we have this information SOURCE OF SPECIMEN 4. In the **SUSPECTED PATHOGEN** section, add the organism identification 5. The **TEST REQUIRED** section is pre-typed with the testing required 6. In the **CLINICAL HISTORY** section, add the CLINICAL DIAGNOSIS, SYMPTOMS of the patient if known PREVIOUS LAB RESULTS if known VACCINE HISTORY if known

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7. In the **COMMENTS** section, add any additional comments if known

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Step				Ac	tion		
Comp	lete all section	ons highli	ighted	on th	e REQUI	SITION	OR
	MICROBIAL F						
bacte	rial isolates 1	for molec	ular ty	ping:			
		Public Health A	igence de la santé			Canadä	
					Antimicrobial Resistance	Protected B when complete	
		REQUISITION FO	RESISTANCE	AND	Na 1015 Arlington	ational Microbiology Laboratory Street, Winnipeg, MB R3E 3R2 789-5000 Fax: (204) 789-5020	
		NOSOCOMIAL IN				II-RAIN.inm@phac-aspc.gc.ca	
		LAB SUPERVISOR: Laura Steven			PROVINCE:	POSTAL CODE: X1A2N1	
		LAB NAME: Stanton Territorial Hospital			TELEPHONE: (867) 767-9300 x 4669	FAX:	
		ADDRESS: 548 Bryne Road, P.O. Box CITY:	10		EMAIL: laura_steven@gov.nt.ca		
		Yellowknife  SPECIMEN INFORMATION	Ohio				
		SPECIMEN INFORMATI	ORGANISM	DATE ISOLAT		PART OF OUTBREAK	
		SPECIMEN #	IDENTITY	(YYYY-MM-DI	) SITE	INVESTIGATION   • Yes  • No	
						☐ Yes ☐ No	
						Yes No	
						Yes No	
		*All specimens must require the same TEST(S) REQUESTED	tests as selected below.	ADD	TIONAL COMMENTS		
		PHENOTYPIC TESTS					
		ANTIMICROBIAL SUSCEP PLEASE SPECIFY DRUGS					
		MOLECULAR TYPING  ""WGS (OUTBREAK/NOVE	L MECHANISMS) SF	PA TYPING	ENCY		
		C. difficile RIBOTYPING  ** Please contact lab price	C. auris WGS or to submission		RGENT AFTER HOURS CONTA		
		PCR TESTS/CONFIRMATIO	MRSA		ORTING METHOD		
		☐ VISA/hVISA ☐ C. difficile	☐ VRE	○F/	X		
		*** If known, please indic	nce	SEPAR	.ADDRESS: <u>laura_steven@gov</u> TE REPORTS REQUIRED FOR EACH		
3					ne NML Guide to Services (cn	phi.canada.ca).	
		The National Microbiology Laborato agree that this requisition acts as an June 2023	ry (NML) of the Public Health A n agreement for the NML to prov		provides reference diagnostic services from the Guide to Services, for the above re		
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							on the requisition
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Step	Action						
Orde	Order a referred test in result entry screen:						
5	<ol> <li>Select Add Test</li> <li>Choose appropriate reference code: ?REFN</li> <li>Select Ok</li> <li>Add a period (.) in the results line</li> <li>Final report the test line</li> </ol>						

Step	Action								
Comp	Complete Category B send-out process:								
6	<ol> <li>Submit organism on a C&amp;S swab. Hand label the swab with the same identifiers as the requisition:</li> <li>NOTE: NML does not use patient names or HCN. Please ensure a LIS label is not used on the swab</li> <li>Photocopy all papers and staple together. Hole punch photocopy stack and place in the NML Pending Referrals binder.</li> <li>Place a requisition label on the NML requisition and scan into SoftMedia</li> <li>Pack specimen up according to TDG Category B regulations</li> <li>Send original paperwork with specimen</li> <li>Place Category B box on the countertop in the core lab specimen receiving area with FedEx waybill on the top of the box</li> </ol>								

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Title: MIC36500-Referral of Category B Bacterial Specimens to NML

Issuing Authority: Director, Laboratory and Diagnostic Imaging Services

Next Review Date:

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

#### **CROSS REFERENCES:**

NA

### **REFERENCES:**

- 1. Public Health Agency of Canada. *Culture Submission Requisition For Streptococcus*. July 2024
- 2. Public Health Agency of Canada. *Requisition For Vaccine Preventable Bacterial Diseases Reference Testing*. August 2016
- 3. Public Health Agency of Canada. *Requisition for Antimicrobial Resistance and Nosocomial Infections*. June 2023

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	10 Apr 25	Procedure updated and name changed to reflect bacterial isolates	L. Steven

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