TRAINING UPDATE

Lab Location: Department:

SGAH & WAH Phlebotomy

 Date Distributed:
 7/28/2014

 Due Date:
 8/27/2014

 Implementation:
 8/27/2014

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:

Malaria Smear Collection SGAH.P23 / WAH.P21 v1

Malaria History Form AG.F289 v0

Description of change(s):

SOP

Section 3: update titles, remove annual review

Section 6: add revised form

FORM

Malaria History Form revised to provide space for pathologist to report and add form number.

This SOP and FORM will be implemented on August 27, 2014

Document your compliance with this training update by taking the quiz in the MTS system.

Title: Malaria Smear Collection

Approved draft for training all sites (version 1)

Non-Technical SOP

Title	Malaria Smear Collection	
Prepared by	Leslie Barrett	Date: 9/10/2009
Owner	Ron Master	Date: 9/10/2009

Laboratory Approval		
Print Name and Title	Signature	Date
Refer to the electronic signature page for		
approval and approval dates.		
Local Issue Date:	Local Effective Date:	

Review:		
Print Name	Signature	Date

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1. PURPOSE

This procedure describes specimen collection for malaria testing using the finger stick method

2. SCOPE

This procedure applies to all phlebotomists working directly for or collecting specimens on behalf of Quest Diagnostics.

3. **RESPONSIBILITY**

It is the responsibility of trained phlebotomists to collect malaria smears and comply with this procedure.

The Microbiology Manager Director and Client Services Field Operations Supervisor are responsible for the content and annual review of the procedure.

4. **DEFINITIONS**

None

5. PROCEDURE

Equipment and Supplies:

Disposable sterile lancet (Safe-T- Pro or BD Genie lancet only)

Sterile gauze squares

Alcohol swabs

Latex free gloves

Frosted slides

Slide holder

Pencil

Biohazard sharps container

Quest Diagnostics Nichols Institute

Title: Malaria Smear Collection
Site: SGAH & WAH

Collection Procedure:

1. Perform positive patient identification as per SOP Patient Identification, Phlebotomy procedure manual.

- 2. Wash hands. Apply gloves.
- 3. To prepare smears from finger stick, blood specimens must be collected from the tip of the "ring" finger on the palmar surface.
- 4. Warm the skin area to be punctured.
- 5. Clean and disinfect skin with gauze squares soaked in 70% alcohol or commercial non-cotton alcohol preparations.
- 6. Wipe dry with sterile gauze or air dry. Be sure the finger is thoroughly dry prior to pricking.
- 7. Stick the finger with an approved finger-stick lancet, deeply enough to collect a sufficient amount of free-flowing blood for film preparation. Do not squeeze finger to remove the blood. Position hand with palmar surface up.
- 8. **Prepare four thin smears first** Holding a clean glass slide, touch the side to be stained to the puddle of blood that has collected at the puncture site. Right the slide and "feather" the blood drop to prepare the thin film. (See Addendum A, Illustration 2).
 - Strive for a thin smear that is rounded, feathered and progressively thinner toward the center of the slide.
- 9. **Prepare four thick smears** Holding a clean glass slide, touch the side to be stained to the puddle of blood that has collected at the puncture site. Right the slide and allow the thick film to dry (see Addendum A, Illustration 3).
 - Care should be taken not to make the thick smear too thick, as the blood will flake off when dried.
 - A good test to determine that the blood is thick enough is to hold printed material under the film. If the print is readable the smear has the correct thickness.
- 10. After collection, apply pressure to the puncture site with sterile gauze until bleeding stops and bandage.
- 11. Dispose of lancet in a puncture resistant container.
- 12. Label all slides with patient's name, accession number, medical record number, your phlebotomy tech code and date of draw with a pencil. Allow to AIR DRY.
- 13. Complete the Malaria History Form by asking the patient what countries he/she has visited.

Form revised 3/31/00

Quest Diagnostics Nichols Institute
Title: Malaria Smear Collection
Site: SGAH & WAH

14. Allow all slides to air-dry in a flat position in a cardboard slide holder.

- 15. Receive the order in LIS.
- 16. Deliver all smears and the history form to Microbiology immediately and notify a Microbiology tech.

Note: Do **not** use blood from a Lavender top tube (EDTA) to make the slides for malaria testing.

6. RELATED DOCUMENTS

Patient Identification, Phlebotomy procedure Finger Stick, Phlebotomy procedure Malaria History Form, AG.F289 (see Reference tab)

7. REFERENCES

Giemsa Stain for Malaria, Babesia, and other Blood Parasites, Parasitology Subteam of the Microbiology Best Practice Team, QDMI709a, ver 3.0.

8. REVISION HISTORY

Version	Date	Reason for Revision	Revised By	Approved By
		Supersedes SOP P008.001		
000	7/1/2014	Section 3: update titles, remove annual review Section 6: add revised form Section 9: remove outdated form Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.	L. Barrett	R. Master, S.Khandagale

9. ADDENDA AND APPENDICES

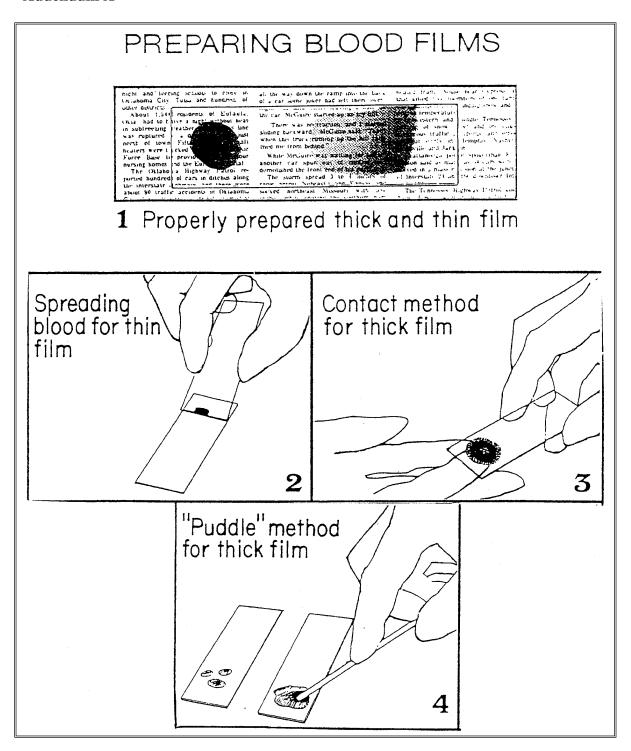
- A. Preparing Blood Films
- B. Malaria History Form (see Attachment tab of Infocard)

Form revised 3/31/0

SOP ID: SGAH.P23 / WAH.P21 CONFIDENTIAL: Authorized for internal use only.

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Addendum A



Malaria History Form



Attach Specimen	Label
or complete the fo	ollowing:

	Patient Name (la	ast, first):			
Germantown Emergency Center Shady Grove Adventist Hospital	Hospital Record No.:				
Washington Adventist Hospital	Age (yrs):	(mos):		Gender:	Male Female
Date of symptom onset of this attack (mm/dd/yyyy):	//	-			
Physician Name (last, first):					
Has the patient traveled or lived outside the U.S. during	the past 4 years?	Yes	/ No		
If yes, specify Country or Countries:					
Was malaria chemoprophylaxis taken? Yes /	No				
If yes, which drugs were taken? Chloroquine / Mefloquine / Doxycycline / Primaquin	e / Malarone® / O	ther:			
History of malaria in last 12 months (prior to this report	t)? Yes / No	Date	of previous i	llness:	//
If yes, species (check all that apply): P. falcip P. vivax P. mala P. ovale Not Det	riae				
Person submitting report:					
LABORATORY USE ONLY:					
Phlebotomist Tech Code:	Collected Date:			Time:	
Slides have been received and are properly prepared an	d lableled:				
Гесhnologist Tech Code:	Received Date:			Time:	
Preliminary report:	Repor	t called?	Yes / No	Tech cod	de:
Final report:	Repor	t called?	Yes / No	Tech coo	de:
Refer to Pathologist? Yes / No					
Pathologist result:					
Pathologist result entered by Tech:					

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