

Sample Transport Packaging Job Aid

Document Number: SGSGNJ00052MUL  
Version:1.0

Effective Date: 2018FEB22

Sample Transport Packaging Job Aid

Applicability: South Zone

<p>1. <b>Before Packaging:</b> Label specimen container with:</p> <ul style="list-style-type: none"> <li>• Full first and last name</li> <li>• Personal Health Insurance Number or Unique Lifetime Identifier or Government Issued Identification number</li> <li>• Date and time of collection</li> <li>• Specimen type and/or body site (for Microbiology, Cytology, and Histopathology specimens only).</li> </ul> <p>Label slides with the patient's <b>full</b> first and last name if applicable Complete Manual Requisitions with the following:</p> <ul style="list-style-type: none"> <li>• Full first and last name</li> <li>• Personal Health Insurance Number or Unique Lifetime Identifier or Government Issued Identification number</li> <li>• Date and time of collection</li> <li>• Specimen type and/or body site (for Microbiology, Cytology, and Histopathology specimens only)</li> <li>• Date of birth and gender</li> <li>• Patients phone number</li> <li>• Full first and last name of requestor along with the report location/address of requestor</li> <li>• Full first and last name of "copy to" recipient along with the location/address of "copy to" recipient</li> <li>• Test(s) / Procedure orders</li> <li>• Applicable comments</li> </ul> <p>Computer generated Requisitions (Site batch Requisitions) with all the above information included may also be used.</p>	
<p>2. Ensure lid(s) on patient sample collection container(s) is securely fastened</p> <ul style="list-style-type: none"> <li>✓ Place each patient sample in a specimen bag and seal</li> <li>✓ Place requisition for sample in the outside pouch.</li> </ul> <p><b>Supply Form Information:</b></p> <ul style="list-style-type: none"> <li>• 0016723 BAGS, Specimen 5x9 Pkg of 50</li> </ul>	
<p>3. Place the specimen bags together in a 15 X 20 inch Ziplock bag.</p> <p><b>Supply Form Information:</b></p> <ul style="list-style-type: none"> <li>• 0016609 BAGS, Large Ziploc (15x20 in)</li> </ul> <p>Place an absorbent sheet in the 15 x 20 inch bag. Each Sheet will absorb 500 mL of fluid.</p> <ul style="list-style-type: none"> <li>✓ If transporting less than 500 mL please cut sheet in half.</li> </ul> <p><b>Supply Form Information:</b></p> <ul style="list-style-type: none"> <li>• SHEETS, Absorbent 12" 250 mL</li> </ul>	
<p>4. Place 15 x 20 Ziplock bag with samples and absorbent sheet in transport box provided by the laboratory.</p> <ul style="list-style-type: none"> <li>• Attach a cable tie to transport box to ensure the security of the contents during transportation</li> </ul>	

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(Authorized individuals are: lab personnel designated in their zone/program or provincial role to produce print copies)

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<p>5. The Transport Box will have three labels:</p> <ul style="list-style-type: none"> <li>✓ Your location Name &amp; Address</li> <li>✓ An "Exempt Human Specimen" label.</li> <li>✓ A destination tag; "Deliver To / Return To"</li> </ul> <div data-bbox="295 411 612 638" style="border: 1px solid black; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">Transport Box for your site will be labeled with: Your Clinic Name and Address</p> </div>	<div data-bbox="799 411 1027 571" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;"><b>EXEMPT HUMAN SPECIMENS</b></p> </div> <div data-bbox="1068 281 1461 571" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p><b>RETURN TO</b></p> <p>Accession Supervisor        SZW Laboratory Services        960 19 Street South        LethbridgeRegional Hospital        LETHBRIDGE, Alberta        T1J 1W5</p> <p>Phone: 403-388-6057</p> <p>ALBERTA GOVERNMENT DANGEROUS GOODS        EMERGENCY NUMBER (24 hours) 1-800-272-9600</p> </div> <p style="text-align: center;">OR</p> <div data-bbox="997 606 1489 800" style="border: 1px solid black; padding: 5px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;"><b>DELIVER TO:</b></p> <p style="text-align: center;"><b>MEDICINE HAT REGIONAL HOSPITAL</b></p> <p style="text-align: center;">666 - 5 Street SW        Medicine Hat, AB T1A 4H6        403-770-3245</p> </div>
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**Please have transport box ready for pick up 10 minutes before schedule pick up time**

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