



PIHOA Regional Public Health Laboratory Services

STANDARD PROCEDURES FOR TESTING AND REPORTING OF SPECIMENS REFERRED FROM USAPI LABORATORIES (LEVEL 1) TO THE GUAM PUBLIC HEALTH LABORATORY (L2)

In facilitating the smooth and efficient arrangement, testing and reporting of laboratory test samples submitted by USAPI Level 1 laboratories to the Guam Public Health Laboratory, it is encouraged that the following procedures are to be adhered to.

I. Pre-test Arrangement and Shipping

1. The Laboratory Supervisor/shipper/designee will inform the Regional Laboratory Coordinator (RLC) of the intended testing at least 48 hours before shipping the specimens. In the event that the RLC cannot be reached, Mrs Josie O'Mallan/Joy Villanueva/Claire Baradi can be informed of the test request.
2. The Laboratory Supervisor/shipper/designee will complete the RPHL form # 1, '**Request for Testing Form**' Part A and send via fax /email to the RLC.
3. The Laboratory Supervisor/shipper/designee will complete the '**Laboratory Test Form**' (RPHL form # 2) Parts (a) and (b).
4. The Laboratory Supervisor/shipper/designee will ensure that the, '**Request for Testing Form**' and the '**Laboratory Test Form**' are placed in the shipment between the secondary and outer package.
5. The shipment will be packed, marked and labeled according to the most current IATA Dangerous Goods Regulations **packing instructions 602, 'Infectious substances, affecting humans' UN2814.**
6. Consign the shipment to:
PIHOA Regional Laboratory Coordinator
Guam Public Health Laboratory
Guam Department of Health and Social Services
123 Chalan Kareta, Route 10, Mangilao
GUAM 96923
Contact name: Vasiti Uluiviti
Contact phone number: 671-734-3338 or 735-7355
7. The Laboratory Supervisor/shipper/designee will ship the samples to the Guam Public Health Laboratory (GPHL) in accordance with their standard local/regional shipping protocols. It is advisable that shipment of specimens to the GPHL be made to arrive in Guam during the

normal working days. This would mean not earlier than Sunday evening, and not later than Friday morning. Shipping on public holidays is discouraged.

II. Receipt of Request /Shipment at GPHL

1. The RLC will forward the '**Request for Testing Form**' to the laboratory staff in-charge of testing at the Guam Public Health Laboratory. The testing Technologist will complete Part B (i) of the form.
2. The RLC will then contact the Laboratory concerned to confirm testing arrangement or otherwise.
3. The receiving technologist at GPHL will complete Part B (ii) of the '**Request for Testing Form**' upon receipt of the shipment.

III. Post- test Notification of Test Results

1. Upon completion of the test performed, the testing Technologist at GPHL will complete Part C (i) of the '**Request for Testing Form**' and the '**Laboratory Test Form**' Part B. Both forms will be forwarded to the RLC.
2. The RLC will complete Part C (ii) of the '**Laboratory Test Form**' and send via email/fax to the laboratory concerned.
3. The RLC will file a copy of the completed '**Request for Testing Form**' and '**Laboratory Test Form**'.

Contacts:

Vasiti Uluiviti PIHOA Regional Laboratory Coordinator	Guam Public Health Laboratory P. O. Box 5314, UOG Station Mangilao, Guam 96923	Phone: 671 734 3338 (w) 671 734 0177 (h) Fax: 671 734 3338 Cell: 671 898 1852 E-mail: rlcpihoa@yahoo.com
Mrs Josie O'Mallan Administrator Bureau of Communicable Disease Control, Guam DPHSS	Guam Dept. of Public Health & Social Services Dept. of Public Health & Social Services P.O Box 2816, Hagatna, Guam 96932	Phone: 671 735 7142 Cell: 671 888 4869 E-mail: Josephine.omallan@dphss.guam.gov
Joy Villanueva/Claire Baradi Technologist, GPHL	Guam Public Health Laboratory Dept. of Public Health & Social Services P.O Box 2816, Hagatna, Guam 96932	Phone: : 671 735 7355 Fax: 671 735 7158 E-mail : Joy Joy.villanueva@dphss.guam.gov Claire Claire.baradi@dphss.guam.gov



USAPI REGIONAL PUBLIC HEALTH LABORATORY SERVICES

**Request for Testing Form
(RPHL form # 1)**

A. Pre-Test Arrangement

- i. Date of Request: _____
- ii. Name of Requesting Laboratory: _____
- iii. Test required: **MEASLES IgM / RUBELLA IgM** (circle your request)
- iv. Laboratory supervisor/Designee: _____
(print name)

B. Receipt of Request/Shipment at GPHL

- i.. Request accepted by: _____ Date: _____
(GPHL Technologist)
- ii. Shipment received by: _____ Date: _____
(GPHL Technologist)

C. Post-Test: Notification of Results

- i. Date test completed: _____ Technologist signature: _____
- ii. Results released to: PIHOA RLC _____ (Signature) Date: _____



PIHOA REGIONAL PUBLIC HEALTH LABORATORY SERVICES

Laboratory Test Form
(RPHL form # 2)

a. Laboratory Name: _____ Test: _____

Specimen #	Patient I.D. #	Age	Gender	Race	Date of Symptom Onset	Date sample collected	Initial Test Result Method:	Confirmatory Test Result Method:

b. Date initial test (L1) completed: _____ Technologist Name & Signature: _____

c. Date confirmatory test (L2) completed: _____ Technologist Name & Signature: _____