Bacterial and Fungal isolates Referral & Confirmation Inventory Worksheet

Document G_90_WS_9_A Author: T Ikanofi Authorised: W Porau, 7/4/22 Review: 7/4/24

Laboratory name: _____ **Page #** _____

Provincial Laboratories Referral Information					**CPHL Reference Lab. Feedback Information**			**Provincial lab review**	
Date	**Lab number**	**Isolate Identity (presumptive)**	**Date sent:**	**Sent by:**	**Date received:**	**Received by:**	**Confirmed Result**	**Date reviewed:**	**Reviewed by & with:**

Retain original & send a copy of this register page with the isolates concerned when they are referred. CPHL will email back the feedback information.

NB. Provincial lab. needs to conduct and document monthly management review of these results and determine necessary corrective actions.

 Retain completed sheet in appropriately labelled folder in the Lab/Section Manager's office for 4 years.