Canterbury
District Health Board
Te Poari Hauora ō Waitaha

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25 March 2022

9(2)(a)
[redacted]

RE Official Information Act request CDHB 10835

I refer to your email dated 31 January 2022 to the Ministry of Health which they partially transferred to us on 15 March 2022 requesting the following information under the Official Information Act from Canterbury DHB. Specifically, we have accepted a part of Question 42:

Partial transfer of Question 42:

1. **Can you please disclose how the testing protocols (PCR, RAT, etc) uniquely and individually identify the subject as having one or more of the following if they test positive?**
   - **Measles virus**

All diagnostic samples arriving in the lab are registered under a unique barcoded Laboratory Identification Code, that is attached with a label to the sample tube. Usually, a printed referral form, filled-out by the sample taker (e.g. GP or Public Health Unit) is already included in the sample bag. All patient details (e.g. Name, NHI, DOB, sample type e.g. nasopharyngeal swab) from the referral form are recorded under the unique Laboratory Identification Code in a file in our Laboratory Information System, including an electronic copy of the referral form.

In addition, the requested test (e.g. measles virus PCR) is added in this electronic record. The specimen is then sent from the registration department to the department performing the test (e.g. Virology department). Here, all samples are checked again on the reception bench to make sure that the correct sample is tested for the correct test. Name, NHI and DOB are cross-checked, and the electronic copy of the referral form is checked to make sure that everything matches and that the correct test is requested. Barcoded labels with the unique Laboratory Identification Code, name, NHI and DOB are attached to the worksheet of the test (e.g. measles PCR). Nucleic acids are extracted, and PCR tests are setup based on the instructions of the worksheet following the sequence of samples.

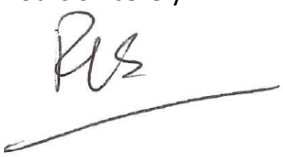
Each sample barcode is scanned into the analyser to match the sample position in racks or multi-well plates. The real-time PCR machine shows the unique Laboratory Identification Code for each sample in the respective well position and amplification curve. The results are then reported into the Laboratory Information System by a trained Medical Laboratory Scientist and each result and amplification curve is cross-checked by a second trained Medical Laboratory Scientist (2-eye principle) before it is authorized for release into the national health database.

As you can see, a lot of checks are in place to make sure that the subject is uniquely and individually identified when tested in a specific assay and that positive results are double-checked before they are released and reported.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB website after your receipt of this response.

Yours sincerely



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