

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
NSSLRL Service Level Agreement	Version: 1.1	Ref: NSRLFM037
Issued by: Niall De Lappe	Issue Date: 18/10/11	Page 1 of 5

Service Level Agreement

For

Provision of *Salmonella*, *Shigella* and *Listeria* Testing Services

Between

National *Salmonella*, *Shigella* & *Listeria* Reference Laboratory (NSSLRL)

and

Effective Date:

Review Date:

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
NSSLRL Service Level Agreement	Version: 1.1	Ref: NSRLFM037
Issued by: Niall De Lappe	Issue Date: 18/10/11	Page 2 of 5

Clause 1 Parties to this Agreement

National *Salmonella, Shigella & Listeria* Reference Laboratory (NSSLRL) and ##

Clause 2 Duration and Renewal of the Agreement

This Service Level Agreement will commence on the ## and last for a period of 3 years. This agreement may be terminated by either party subject to 3 months notice in writing.

Clause 3 Objectives of the Agreement

The objective of this Service Level Agreement is to formalise arrangements for the laboratory investigation and reporting of results for samples referred to NSSLRL by ##.

Clause 4 Specimen Transport and Packaging requirements.

shall at its own expense be responsible for the transport and delivery of samples to the NSSLRL. It is the responsibility of ## to ensure that all specimens are packaged in accordance with the ADR (European Agreement Concerning the International Carriage of Dangerous Goods by Road, 2003) regulations. Transport requirements are listed on the NSSLRL website, www.nuigalway.ie/salmonella_lab/

Clause 5 Specimen Identification and Request Form

is responsible for ensuring that all samples must contain 2 identifiers. From humans the patient name and one other identifier, e.g. d.o.b. or referring lab number must be on the side of slope, while non-human samples must also contain 2 identifiers, e.g. referring lab number and isolate source. Each sample delivered to the NSSLRL by ## shall be accompanied by a completed NSSLRL request form which can be downloaded from www.nuigalway.ie/salmonella_lab/

Specimens sent to the NSSLRL will be rejected if:

- isolates are sent on agar plates, plastic universals or large agar slopes
- specimens contain a mixed bacterial culture
- specimen slope is broken
- specimen form and/or slope are unlabelled, mismatched or incomplete
- transportation of samples to the NSSLRL is not followed

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
NSSLRL Service Level Agreement	Version: 1.1	Ref: NSRLFM037
Issued by: Niall De Lappe	Issue Date: 18/10/11	Page 3 of 5

correctly, i.e.

- slopes not enclosed in a crushproof container
- external packaging not labelled correctly
- if for any other reason the specimen is not in a safe condition for processing and/or can not be clearly identified.

Clause 6

Testing

- a) The NSSLRL undertakes that all analysis on all patient specimens will be carried out in accordance with best international laboratory practice in both internal and external quality assurance procedures.
- b) The NSSLRL will make available results from External Quality Assessments for the relevant tests performed.

Clause 7

Turnaround Time

Ninety-five percent of samples will be reported within 15 days and specimens that are identified by telephone call as urgent will be prioritized. The average turnaround time for *Salmonella* typing is approximately 5 days.

Clause 8

Results Reporting

- a) The results of all investigations performed by the NSSLRL on samples referred by ## will be authorised in accordance with standard laboratory procedures.
- b) All results will be reported directly to ## without any third party involvement, unless deemed appropriate for further investigation of the sample.
- c) ## will be notified of all relevant non-conformances and all instances of false negative/positive results.
- d) Cumulative anonymised data is distributed to users each month.
- e) NSSLRL will not normally communicate results related to specimens to a third party except where required by notifiable disease regulations or where this is essential to protect public health.

Clause 9

Hours of Work

The operating hours are from 9:00 to 17.00 hours Monday to Friday. Provision of out of hours service does not constitute part of this Service Level Agreement.

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
NSSLRL Service Level Agreement	Version: 1.1	Ref: NSRLFM037
Issued by: Niall De Lappe	Issue Date: 18/10/11	Page 4 of 5

Clause 10

Confidentiality

- a) Neither, NSSLRL nor ## may disclose information of a confidential nature contained in or related to this agreement, on the services provided.
- b) NSSLRL will ensure that its obligations as a Data Processor under the Data Protection Act and under relevant EU Directives are fulfilled.

Clause 11

Charges

The NSSLRL currently does not charge public service laboratories ## for its services.

Clause 12

Agreement Co-ordinators

All correspondence between NSSLRL and ## relating to this agreement must be routed through the Agreement Co-ordinators, who shall be:

For the **NSSLRL**:

Name: Niall De Lappe
Position: Deputy Quality Manager
Address: NSSLRL, Medical Microbiology department, UHG
Phone No: 091 544628
Email: niall.delappe@hse.ie

For **##**:

Name:
Position:
Department:
Address:
Phone No.:
Email:

Clause 13

Performance

Assessment of service performance and review of the SLA should be made by both parties annually. This can be done by phone, email, or in writing. Any issues requiring attention will be identified and the SLA amended to reflect the most appropriate changes.

Dept of Medical Microbiology, Division of Clinical Microbiology, Galway University Hospitals		
NSSLRL Service Level Agreement	Version: 1.1	Ref: NSRLFM037
Issued by: Niall De Lappe	Issue Date: 18/10/11	Page 5 of 5

Clause 14

Reciprocal Indemnity

Each party undertakes to the other to ensure that it has in place suitable liability insurance to cover service provision.

SERVICE AGREEMENT APPROVAL

On Behalf of the NSSLRL

Name:

Title: Deputy Quality Manager

Signature:

Date:

On Behalf of ##

Name:

Title:

Signature:

Date: