

Form Approved
OMB NO. 0920-1027
Expiration Date 08/31/2017



National PHL DST Reference Center for MTBC Survey

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MSD-74, Atlanta, Georgia 30333; Attn: OMB-PRA(0920-1027)

[Survey Instructions](#)

[Email Support](#)

The goal of this survey is to assess the participation of eligible PHLs involvement and satisfaction with the National PHL DST Reference Center for MTBC services.

1. Is your laboratory currently enrolled in the TB DST Reference Center?

Yes

No

Instructions for completing the survey

- Please answer every question, if not, you will see a warning message.
- At times, the numbering of the questions might not be in order; the survey has built in skips depending on how you answer questions.
- To move from screen to screen, please use the "Go Back" and "Next Page" buttons.
- You can stop the survey at any time by closing your browser and your data will be saved. To get back to the survey, please click on your survey link and you will be directed to the last unanswered question.
- If you encounter any issues with the survey or have any feedback please click the "Email Support" button.

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1. Is your l

- Yes
- No

Appendix 2: Web shots of TB DST Survey

1. Is your laboratory currently enrolled in the TB DST Reference Center?

Yes

No

1a. Please select the reasons for not having enrolled in the TB DST Reference Center.

Please check all that apply.

Currently performing TB DST services in-house

Using another PHL for TB DST services

Using a commercial lab for TB DST services

Other - please specify*

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Appendix 2: Web shots of TB DST Survey

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Currently performing TB DST services in-house

Using another PHL for TB DST services

Using a commercial lab for TB DST services

Other - please specify*

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Appendix 2: Web shots of TB DST Survey

1a. Please select the reasons for not having enrolled in the TB DST Reference Center.

Please check all that apply.

- Currently performing TB DST services in-house
- Using another PHL for TB DST services
- Using a commercial lab for TB DST services

Other - please specify*

1b. Do you have plans to enroll in the next 6-12 months?

- Yes
- No

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Appendix 2: Web shots of TB DST Survey

1. Is your laboratory currently enrolled in the TB DST Reference Center?

Yes

No

2. Has your laboratory shipped samples to the TB DST Reference Center for First Line DST (FL-DST), Second Line DST (SL-DST) or Pyrosequencing (PSQ) since March 2015?

Yes

No

2a. Please select the reasons for not submitting samples to the TB DST Reference Center.

Please check all that apply.

Currently performing TB DST services in-house

Using another PHL for TB DST services

Using a commercial lab for DST services

TB Control prefers testing to remain in-house

Planning to submit in near future

Other - please specify*

Appendix 2: Web shots of TB DST Survey

Other - please specify*

3. Has your laboratory maintained in-house capability for TB DST?

Please check all that apply.

- FL-DST
- Molecular (e.g., Xpert MTB/RIF or sequencing)
- Other - please specify*

- No in-house capability for TB DST

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Appendix 2: Web shots of TB DST Survey

3. Has your laboratory maintained in-house capability for TB DST?

Please check all that apply.

- FL-DST
- Molecular (e.g., Xpert MTB/RIF or sequencing)
- Other - please specify*

No in-house capability for TB DST

3a. Please specify why you have maintained in-house capability for TB DST.*

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Appendix 2: Web shots of TB DST Survey

4. Have you submitted the isolates for the following services to the TB DST Reference Center?

| | Yes | No | Not sure |
|--------|----------------------------------|-----------------------|-----------------------|
| FL-DST | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| SL-DST | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| PSQ | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4a. Are you satisfied with the turnaround time for ...

| | Yes | No |
|--------|----------------------------------|-----------------------|
| FL-DST | <input checked="" type="radio"/> | <input type="radio"/> |
| SL-DST | <input checked="" type="radio"/> | <input type="radio"/> |
| PSQ | <input checked="" type="radio"/> | <input type="radio"/> |

4b. Please provide additional comments concerning turnaround time for ...

FL-DST

Appendix 2: Web shots of TB DST Survey

4b. Please provide additional comments concerning turnaround time for ...

FL-DST

SL-DST

PSQ

5. Overall, have you been satisfied with the quality of testing at the TB DST Reference Center?

Yes

No - please describe *

Appendix 2: Web shots of TB DST Survey

6. Have you experienced any difficulty with the report format and interpretative comments from the TB DST Reference Center?

Yes - please describe*

No

7. Have you experienced any difficulties with obtaining your reports?

Yes - please describe*

No

Appendix 2: Web shots of TB DST Survey

8. Have you consulted with the TB DST Reference Center regarding results or testing services?

Yes

No

8a. Please rate your overall satisfaction with the consultation.

Very satisfied

Satisfied

Unsatisfied

Very unsatisfied

Please provide additional comments below.

Appendix 2: Web shots of TB DST Survey

9. Have you experienced any difficulties with shipment of samples to the TB DST Reference Center?

Yes - please describe*

No

10. Do you plan to continue using the TB DST Reference Center in the next year?

Yes

No - please describe*

Appendix 2: Web shots of TB DST Survey

11. Overall, how satisfied are you with the TB DST Reference Center for MTBC?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Please provide additional comments below.

12. What additional services would you like to see offered at the TB DST Reference Center?*

Appendix 2: Web shots of TB DST Survey

13. What is your jurisdictional TB Control Program's overall satisfaction with your laboratory's use of the TB DST Reference Center?

- Very satisfied
- Satisfied
- Unsatisfied
- Very unsatisfied

Please provide additional comments below.

Appendix 2: Web shots of TB DST Survey

14. How have the TB DST Reference Center referrals impacted your laboratory's work (e.g., cost savings, loss of staff, increased access to services, loss of expertise)?

Positively - please describe*

Negatively - please describe*

Both positively and negatively - please describe*

No impact

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15. How might APHL assist with any of these issues?*

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Survey Instructions

Email Support

We thank you for your time spent taking this survey.
Your response has been recorded.