

Form Approved
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Title of Project: National PHL DST Reference Center for MTBC Survey

Appendix 1

Survey Instrument National PHL DST Reference Center for MTBC Survey Questions

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, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1027)

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.

APHL will field its customer service survey to the 24 PHL eligible to enroll in the National PHL DST Reference Center for MTBC. A 25-question online tool was created by APHL, CDC, and the National PHL DST Reference Center for MTBC and will be administered through Qualtrics, a web-based survey instrument. Each PHL will receive a unique survey link to participate in the survey and will have one month to complete the survey. The survey will be sent to the primary and secondary TB laboratory contacts used upon enrollment or to the APHL TB Contact on record. Progress can be monitored by APHL and reminder emails will be sent to ensure a 100% response rate.

- 1) Is your laboratory currently enrolled in the National PHL DST Reference Center for MTBC?
 - a) Yes (Skip to Question 2)
 - b) No. (Go to Question 1a)
 - 1a) Please select the reasons for not having enrolled in the TB DST Reference Center.
 - (1) Currently performing TB DST services in-house
 - (2) Using another PHL for TB DST services
 - (3) Using a commercial lab for TB DST services
 - (4) Other- Please specify
 - 1b) Do you have plans to enroll in the next 6-12 months?
 - (1) Yes
 - (2) No (Go to 1c)
 - 1c) Please select the reasons for not planning to enroll in the next 6-12 months to the TB DST Reference Center.
 - (1) Currently performing TB DST services in-house
 - (2) Using another PHL for DST services
 - (3) Using a commercial lab for TB DST services
 - (4) TB Control prefers testing to remain in-house
 - (5) Other-Please Specify

2. Has your laboratory shipped samples to the National PHL DST Reference Center for MTBC for FL-DST, SL-DST, or PSQ since March 2015?
- (a) Yes (Skip to Question 3)
 - (b) No (Go to Question 2a)

2a) Please select the options below that best match the reason that you are enrolled but have not submitted samples to the National PHL DST Reference Center for MTBC.

- (1) Currently performing DST Services in-house
- (2) Using another PHL for DST Services
- (3) Using a commercial lab for DST Services
- (4) TB Control Prefers testing remain in-house
- (5) Will begin submitting samples in the near future
- (6) Other-please explain

3. Has your laboratory maintained in-house capability for TB DST?
- (a) Yes-FL-DST Only (Go to Question 3a)
 - (b) Yes-molecular Only (e.g., Xpert MTB/RIF or sequencing)(Go to Question 3a)
 - (c) Yes-Other, Please specify (Go to question 3a)
 - (d) No in-house capability for TB DST

3a) Please specify why you have maintained in-house capability for TB DST:

4. Have you submitted isolates for FL-DST to the DST Reference Center?

	Yes	No	Not sure
FL-DST			
SL-DST			
PSQ			

4a) Are you satisfied with the turnaround time for:

	Yes	No
FL-DST		
SL-DST		

4b) Please provide additional comments concerning turnaround time for:

- 1) FL-DST _____
- 2) SL DST _____

5. Overall, have you been satisfied with the quality of testing at the TB DST
- a. Yes
 - b. No. Please describe _____

6. Have you experienced any difficulty with the report format and interpretative comments from the TB DST Reference Center?
 - a. Yes. Please describe _____
 - b. No.
7. Have you experienced any difficulties with obtaining your reports?
 - a. Yes. Please describe _____
 - b. No.
 - c.
8. Have you consulted with the TB DST Reference Center regarding results or testing services?
 - a. Yes
 - b. No

Additional Comments _____

9. Have you experienced any difficulties with shipment of samples to the TB DST Reference Center?
 - a. Yes. Please describe _____
 - b. No
10. Do you plan to continue using the TB DST Reference Center in the next year?
 - a. Yes
 - b. No. Please describe _____
11. Overall, how satisfied are you with TB DST Reference Center for MTBC?
 - a. Very satisfied
 - b. Satisfied
 - c. Unsatisfied
 - d. Very unsatisfied

Additional Comments _____

12. What additional services would you like to see offered at the TB DST Reference Center?
13. What is your jurisdictional TB Control Program's overall satisfaction with your laboratory's use of the TB DST Reference Center?
 - a. Very satisfied
 - b. Satisfied
 - c. Unsatisfied
 - d. Very unsatisfied

Additional Comment _____

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 _____

15. How might APHL assist with these issues?