**NREVSS Laboratory Assessment Form Approved OMB 0920-0004**

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| --- | --- | --- | --- | --- |
| **Date of interview:** | **Interviewer Name:** | | | |
| **Laboratory Name:** | | | | **Lab ID:** |
| **City:** | | | **State:** | **Zip Code:** |
| **Contact Person:** | | **Position:** | | |
| **Contact Number/Email:** | | | | |
| **Type of institution:**  **Hospital affiliated Clinic or physician’s office Private commercial Reference University Military Government** | | | | |

Objective: To determine the methods of testing and the contributing factors in changes to testing practices for laboratories reporting to NREVSS.

**Section I: Demographics**

1. (For reference labs only?) What is the geographic location from which your specimens are collected? For example, only specific states?
2. Approximately, what percentage of the specimens tested by your lab are from the following:

**Patient type**

* 1. Inpatient \_\_\_\_\_\_% / Unknown
  2. Outpatient \_\_\_\_\_\_% / Unknown
  3. Emergency \_\_\_\_\_\_% / Unknown

**Age categories**

* 1. Pediatric (0 – 18 years) \_\_\_\_\_\_% / Unknown
  2. Adults (18 years and older) \_\_\_\_\_\_% / Unknown

1. Do other institutions send specimens to your laboratory for testing? If so, please describe.
2. Does your institution send specimens to other laboratories for testing? If so, please describe.
3. Approximately how many respiratory specimens (e.g. NP/OP swabs, sputum, BALs, NP aspirates) does your laboratory test during the winter season? \_\_\_\_\_\_\_\_\_\_\_ specimens in peak week

**Section II: Testing Procedures**

1. Which of the following multiplex PCR respiratory virus assays are used in your lab? (circle all that apply )

EraGen GenMark Seegene Luminex FilmArray None

Qiagen Fastrack Other (Please List \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. For each of the following 12 viral agents, please indicate the methods of detection your lab uses (Y/N).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Nucleic Acid Amplification Test / PCR | | | | |  |  |  |  |  |
|  | Immunoassay | | |  | “Home Brew”\* | | |  |  |  | Culture | |  |  |
|  | Rapid | IFA | EIA |  | CDC | Other | CDC Kit | | Commercial\*\* |  | Conventional | Shell Vial |  | **None** |
| (Example) | N | Y | N |  | N | N | Y | | 6/2013-Switched from Luminex resp panel to Genmark resp panel |  | N | Y |  | N |
| Influenza |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| RSV |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Rotavirus |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Adenovirus |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| hMPV |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Rhinovirus |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Enterovirus |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| PIV1 |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| PIV2 |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| PIV3 |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| PIV4 |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| Coronavirus |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| \*Produced In-house\*\*Please indicate product name if commercial assay is used. Also indicate if a commercial assay was recently introduced or recently discontinued. | | | | | | | | | | | | | | |

Notes/explanations regarding testing practices:

1. Do you do any enterovirus typing?
2. Do you do any adenovirus typing?
3. Do you use a standard protocol or physician order in selecting testing methods? If standard protocol, please describe.
4. Do your testing practices for RSV change between the on- and off-seasons? Please describe.
5. Do your testing practices for Flu change between the on- and off-seasons? Please describe.
6. Do you test for RSV all year? Yes / No / Unknown
   1. If not, at what time of year do you generally start testing for RSV?
   2. At what time of year do you generally stop testing for RSV?
   3. At which factors influence this decision?
7. Do you test for influenza all year? Yes / No / Unknown
   1. If not, at what time of year do you generally start testing for influenza?
   2. At what time of year do you generally stop testing for influenza?
   3. At which factors influence this decision?
8. Have your laboratory’s routine testing practices changed in the past 5 years? If so, in which ways? What factors have influenced these changes?

**Section III: Data Recording and Reporting Practices**

1. How do you keep records of test results (e.g. MS Excel, Access, paper ledger)?
2. Do you have any issues or suggestions regarding reporting data to NREVSS?
3. Additional comments or suggestions:

**Supplemental Questions**

Would you change anything about the NREVSS data entry or submission process?

How do you feel about NREVSS security (your lab ID, password, etc.)? Any problems to report?

How often do you view the public NREVSS website? Any suggestions regarding the content presented?

What is the best way to reach your lab? (Phone, Email, Fax, Mail, other)