# Department of Health & Human Services Centers for Disease Control and Prevention (CDC), Atlanta, Georgia, 30333 NREVSS Laboratory Assessment Form Approved OMB 0920-0004

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 Gov	rernment
Objective: To determine the methods of testing and the contributing f	actors in changes to test	ing practices for	laboratories reporting to NREVSS
Section I: Demographics			
1. (For reference labs only?) What is the geographic location from wl	nich your specimens are	collected? For ex	ample, only specific states?
<ol> <li>Approximately, what percentage of the specimens tested by your Patient type</li> </ol>	lab are from the followir	ng:	
a. Inpatient% / Unknown			
b. Outpatient% / Unknown			
c. Emergency% / Unknown			
Public reporting burden of this collection of information is estimated to average 10 n data sources, gathering and	ninutes per response, includir	ng the time for review	wing instructions, searching existing
maintaining the data needed, and completing and reviewing the collection of informa collection of information unless	ation. An agency may not con	duct or sponsor, and	a person is not required to respond to a
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OMB No. 0920-0004 Rev 12/2013

form to this address.

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	_								
	Age	categories							
	d. F	Pediatric (0 – 18	years)	_% / Unknowr	1				
	e. <i>A</i>	Adults (18 years	and older)	% / Unknowr	า				
3.	Do other	institutions sen	d specimens to y	our laboratory	for testing? If so,	please descri	be.		
4.	Does you	ır institution sen	d specimens to o	other laboratori	es for testing? If :	so, please des	scribe.		
5.		•	y respiratory spe ecimens in peak	. •	/OP swabs, sputu	um, BALs, NP a	aspirates) does your	laboratory test durin	g the winter
Sec	ction II: Te	esting Procedure	<u>es</u>						
5.	Which of	the following m	nultiplex PCR resp	oiratory virus as	says are used in y	our lab? (circ	cle all that apply )		
Ēra	Gen	GenMark	Seegene	Luminex	FilmArray	None			
dat nai oll t d ed ori	a sources, g ntaining the ection of inf isplays a cu ucing this bu m to this ad	athering and data needed, and ormation unless rently valid OMB co urden to CDC/ATSDF	completing and revi entrol number. Send t Reports Clearance	ewing the collection comments regardin Officer; 1600 Clifto	n of information. An	agency may not ate or any other Atlanta, Georgi	conduct or sponsor, and aspect of this collection a 30333; ATTN: PRA (092	ving instructions, searching a person is not required to information, including sure 0-0004), Do not send the	to respond to a

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

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

Nucleic Acid Amplification Test / PCR

								ilplification rest/ ret			
	Immunoassay			_	"Hom	e Brew"*	_		Culture		
	Rapid	IFA	EIA		CDC	Other	CDC Kit	Commercial**	Conventional	Shell Vial	None
(Evample)	N	Y	N		N	N	Υ	6/2013-Switched from Luminex resp panel to Genmark resp panel	N	Y	N
(Example)	IN	Y	IN		IN	IN	Y	Genmark resp paner	IN	Y	IN
Influenza											
RSV											
Rotavirus											
Adenovirus											
hMPV											
Rhinovirus											
Enterovirus											
PIV1											
PIV2											
PIV3											
PIV4											
Coronavirus											

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	roduced In-house**Please indicate product name if commercial assay is used. Also indicate if a commercial assay was recently introduced or recently discontinued. tes/explanations regarding testing practices:
8.	Do you do any enterovirus typing?
9.	Do you do any adenovirus typing?
10.	Do you use a standard protocol or physician order in selecting testing methods? If standard protocol, please describe.
11.	Do your testing practices for RSV change between the on- and off-seasons? Please describe.
data mair colle it di redu forn	lic reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing a sources, gathering and nationing 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 ection of information unless splays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for ucing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0004), Do not send the completed not to this address.

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12.	Do your testing practices for Flu change between the on- and off-seasons? Please describe.
13.	Do you test for RSV all year? Yes / No / Unknown  a. If not, at what time of year do you generally start testing for RSV?  b. At what time of year do you generally stop testing for RSV?  c. At which factors influence this decision?
14.	Do you test for influenza all year? Yes / No / Unknown a. If not, at what time of year do you generally start testing for influenza? b. At what time of year do you generally stop testing for influenza? c. At which factors influence this decision?
15.	Have your laboratory's routine testing practices changed in the past 5 years? If so, in which ways? What factors have influenced these changes?

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Section III: Data Recording and Reporting Practices
16. How do you keep records of test results (e.g. MS Excel, Access, paper ledger)?
17. Do you have any issues or suggestions regarding reporting data to NREVSS?
18. 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?
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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)

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