

U.S World Health Organization (WHO) Collaborating Laboratories Influenza Testing Methods Assessment

Form Approved
OMB No. 0920-0004

Lab Name:

Lab ID Number:

1. Does your lab test specimens that have already been tested for influenza (prescreened) prior to receipt by your laboratory AND the results of that test influence whether or not the sample is submitted?

- No, the samples are not prescreened OR the results have no impact on the decision of which samples are sent
- Yes, we receive at least some prescreened samples throughout the year.
 - o Approximate % prescreened _____%
- Yes, we receive prescreened samples, but only during certain times of the year.
 - o Timeframe _____
 - o Approximate % prescreened _____%

2. If you answered 'Yes' in previous question, what specimens do you request from prescreening sites?

- A pos. only
- A and B pos. only
- A, B pos. and small # of negative
- Other
Specify: _____

3. What influenza testing methods does your lab conduct? (check all that apply and give approximate percentage of specimens tested by each method. Total % may be > 100%)

- Commercial rapid diagnostic _____ %
- Viral culture _____ %
- Immunofluorescent antibody testing _____ %
- RT-PCR _____ %
- Other _____ %
Specify: _____

4. What best describes the origin of specimens received in the last year? Please rank order the following sources from 1 (source from which you obtain the most specimens) to 6 (source from which you receive the least specimens).

- ____ ILINet surveillance sites
- ____ Local health departments
- ____ Managed care
- ____ Private physicians
- ____ Hospitals
- ____ Other
Specify: _____

5. Does your lab test for respiratory viruses *other* than influenza? If yes, please answer a and b below.

- No
- Yes
 - a) In what situations do you test respiratory specimens for respiratory viruses other than influenza? (check all that apply)
 - If initial screening results are negative for influenza
 - During the summer or fall when influenza circulation is not suspected
 - If a particular viral pathogen is suspected due to clinical symptoms
 - If a clinician requests the test
 - As part of a panel to screen for respiratory viruses
 - Never
 - Other
Specify: _____
 - b) Does your lab use a multiplex PCR respiratory virus assay? If yes, please specify assay used.
 - No
 - Yes
Specify: _____

CDC 55.31A 9-95 This report is authorized by law (Public Health Service Act, 42 USC 241). Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and measuring the data needed, and completing and returning the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden to PHS Reports Clearance Officer; ATTN: PRA, Hubert H. Humphrey Bldg., Rm 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paperwork Reduction Project (0920 0004); Washington, DC 20503.

Please fax completed survey to 1-888-232-1322.