

**Thank you for taking this voluntary survey to help us understand how well the Good Laboratory Practices for Molecular Genetic Testing eLearning course produced by the Division of Laboratory Systems, Centers for Disease Control and Prevention has been serving the needs of our learners. The feedback you provide will also inform updates to this course and future course development.**

**The survey questions will take approximately 10 minutes to complete. Your responses will be anonymous and no unique identifying information will be sought or kept. The feedback we receive will be used by our programs in aggregate only.**

### **INSTRUCTIONS**

**Please respond to each question by clicking on the button beside the option(s) that best reflect(s) your opinion. An asterick (\*) at the beginning of the question indicates that a response is required in order to proceed to the next question. At the conclusion of the survey you will click DONE to exit the survey.**

**Please select "next" to begin the 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: PRA (0920-0974).

\* 1. Which of the following best describes the function of your workplace?

- Patient-centered facility (hospital, physician office, medical center, etc)
- Public health ( Federal state, local, regional, city, county, etc)
- Clinical laboratory
- Educational institution
- Research Laboratory

\* 2. Which of the following best describes your job function?

- Health care professional involved in ordering molecular genetic tests or interpreting the test results
- Health care professional interested in molecular genetics but not involved in ordering these tests or interpreting the test results
- Laboratory scientist working in the area of molecular genetics
- Laboratory scientist interested in molecular genetics but not working in this field

\* 3. As a result of completing the course did you

	Yes	No	Not applicable
Learn that certain areas of your practice needed improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confirm that you were already aware of the recommended laboratory practices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change your methods or procedures related to molecular genetic testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Change or make a recommendation for a change in your organization's policy related to laboratory testing or services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Become more aware of molecular genetic testing and molecular genetics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 4. How confident are you in making changes or recommendations to your current laboratory or healthcare practice, based on the course?

- Not confident
- Not sure
- Confident
- Very confident

\* 5. As a result of the course, how have you acted on your practices, policies and procedures?

	Reviewed and determined no changes are needed, or in process	Made a recommendation, or in process	Developed or modified job aids, SOP guidance, procedures, etc, or in process	No action taken
General quality management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test requisition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informed consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specimen collection/handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test validation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication with healthcare providers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Proficiency testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test report	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Test report retention	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personnel qualifications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 6. In reference to the previous question, what prevented you from taking action regarding practices, policies or procedures??

Please select all that apply.

- I did not encounter any barriers
- Did not understand the material well enough
- Limited budget
- Limited staff
- Lack of decision making authority
- Lack of management support
- It is too soon after the course to tell
- Other (please specify)

\* 7. Has this course enabled you to better perform your daily job functions?

Yes

No

\* 8. In what areas are you better able to perform your daily jobs?

Please select all that apply

- General quality management
- Test requisition
- Informed consent
- Quality control
- Specimen collection/handling
- Test validation
- Communication with healthcare providers
- Proficiency testing
- Test report
- Test report retention
- Personnel qualifications
- Other (please specify)

\* 9. Has the use of the information presented in this course contributed to enhancing the performance of your organization?

- Yes
- No
- Unsure

\* 10. Were there specific topic areas of the course that have contributed to enhancing the performance of your organization?

Please select all that apply

- General quality management
- Test requisition
- Informed consent
- Quality control
- Specimen collection/handling
- Test validation
- Communication with healthcare providers
- Proficiency testing
- Test report
- Test report retention
- Personnel qualifications
- Other (please specify)



\* 11. Have you used the course resources to inform or train others?

Yes

No

\* 12. What aspects of the course did you share or use to train others?

Please check all that apply

- Overall course information only
- Quality management
- Test requisition
- Informed consent
- Quality control
- Specimen collection/handling
- Test validation
- Communication with healthcare providers
- Proficiency testing
- Test report
- Test report retention
- Personnel qualifications

\* 13. After taking this course, have you referred back to any of the resources, references, or course content for additional guidance?

Yes

No

\* 14. After taking this course, do you better understand the roles and responsibilities of others on your team?

Yes

No

\* 15. Did taking this course help with a change in your:

	Yes	No
Position title	<input type="radio"/>	<input type="radio"/>
Job function	<input type="radio"/>	<input type="radio"/>
Certification status	<input type="radio"/>	<input type="radio"/>

\* 16. What was your primary reason for taking this course?

- To obtain CE or CME credit only
- To fulfill education requirements
- To enhance my current knowledge/skills so that I can apply them to my current position
- To prepare myself for a different position
- Other (please specify)

\* 17. What are other reasons for taking this course?

Please select all that apply

- To obtain CE or CME credit only
- To fulfill education requirements
- To enhance my current knowledge/skills so that I can apply them to my current position
- To prepare myself for a different position
- No additional reasons
- Other (please specify)

\* 18. Did this course help you satisfy your state licensure requirement?

- Yes
- No
- Not applicable - I have no licensure requirement

\* 19. How effective was this eLearning format compared to "in person" training courses you have previously attended on this topic?

- More effective
- Equally effective
- Less effective
- I have not attended "in person" training on this topic

\* 20. Do you have future training needs related to molecular genetic testing?

- Yes
- No

\* 21. What are your future training needs related to molecular genetic testing?

Please select all that apply.

- Working with patients
- Laboratory methods for molecular genetic testing
- Pre-analytic practices
- Results interpretation
- Communication between the laboratory and healthcare professionals
- Data management
- Other (please specify)

**Thank you for participating!**

**When you click "done," you will exit the survey.**