

Clostridium difficile (*C. difficile*) Laboratory Practice Survey

INTRODUCTION

Form Approved

OMB No. 0920-XXXX

Exp. Date xx/xx/20xx

Purpose of the Survey: This survey is being performed for the Centers for Disease Control and Prevention (CDC) and the American Society for Microbiology (ASM) to understand laboratories' current microbiological practices related to improving diagnosis and management of patients with *Clostridium difficile* (*C. difficile*) infection. This survey will take approximately 20 minutes to complete.

Security Information: All information collected in this survey will be kept in a secure manner. We ask you to include your CLIA number to ensure that only one response per laboratory is recorded. We also ask you to include your email address to follow-up if needed. Your CLIA number and email address will not be stored in a database and they will not be linked to your survey responses. Your IP address will NOT be retained.

Participation is voluntary; you are free to withdraw from this survey at any time. If at any point you do not want to continue, you can simply leave this website. If you do not click on the "done" button at the end of the survey, your answers and participation will not be recorded.

Asterisks (*): Questions marked with an asterisk require an answer before you can proceed to the next question.

How the findings will be used: The results from the survey will be compiled and shared in aggregate as a learning tool, presented at professional conferences, and potentially published in a professional journal in the field of laboratory science.

Contact Information: If you have concerns or questions about this survey please address them to clinmicro@asmusa.org.

Agreement: By beginning the survey, you acknowledge that you have read this information and agree to participate in this survey, with the knowledge that you are free to withdraw your participation at any time without penalty.

Public reporting burden of this collection of information is estimated to average 20 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Thank you for taking the time to complete this CDC and ASM survey. Your feedback is important for guiding CDC and ASM in their efforts to understand current laboratory *C. difficile* practice. The survey should take approximately 20 minutes of your time. All answers will remain completely anonymous.

*** 1. Position/Title of Person Completing Survey:**

*** 2. Email address:**

*** 3. Laboratory Name:**

*** 4. How did you learn about this survey?**

- Laboratory Response Network Request
- ClinMicroNet
- DivCNet
- Clinical Microbiology Issues Update
- Microbe*, ASM's monthly news magazine
- Other (please specify)

*** 5. CLIA #:**

*** 6. Did you already complete this survey?**

- Yes
- No

If answered "Yes", respondents have completed survey.

7. Date:

12/05/2015 MM DD YYYY
 / /

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DEMOGRAPHICS

*** 8. Which of the following best describes your laboratory setting? (Select the best choice.)**

- University hospital/Academic medical center
- City/County/State Hospital
- Military/VA Hospital
- Other type of hospital that is not listed above
- Independent laboratory
- Public Health Department,non-hospital
- Physician office/ambulatory care laboratory
- Other (please specify)

*** 9. How would you characterize your institution?**

- For profit
- Non-profit

*** 10. How many pathologists or other physicians are in your laboratory? (Do not include residents, fellows or trainees/medical students.)**

*** 11. Is your laboratory located in an institution that provides direct patient care?**

- Yes
- No

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DEMOGRAPHICS

*** 12. My institution is**

- hospital based.
- non-hospital based.

*** 13. What kind of patient population is at your institution? (Select all that apply.)**

- Inpatient
- Outpatient
- Non-patient
- Other (please specify)

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DEMOGRAPHICS

*** 14. How many hospital beds does the microbiology section serve?**

- >500 beds
- 101-500 beds
- 50-100 beds
- <50 beds
- Only have outpatients

*** 15. What is your laboratory's zip code?**

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DEMOGRAPHICS

*** 16. Are any of your laboratory staff currently members of the American Society for Microbiology (ASM)?**

- Yes
- No
- Do not know

If answered "No" or "Do not know",
respondents skip to question 18.

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DEMOGRAPHICS

*** 17. Do any of those members subscribe to (select all that apply)--**

- ASM's ClinMicroNet listserv
- ASM's DivCNet listserv
- No, do not subscribe
- Do not know

*** 18. Does the microbiology laboratory have a doctoral-level clinical scientist or consultant?**

- Yes
- No

If answered "No", respondents skip to question 20.

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DEMOGRAPHICS

*** 19. What is their board certification? (Select all that apply.)**

- D(ABMM) Diplomate, American Board of Medical Microbiology
- D(ABB) Diplomate, American Board of Bioanalysis, HCLD (High Complexity Laboratory Director)
- D(ABB) Diplomate, American Board of Bioanalysis, BCLD (Bioanalyst Clinical Laboratory Director)
- Ph.D., other board certified
- Ph.D., non-board certified
- ABP (American Board of Pathology) Sub-boarded in Medical Microbiology
- ABIM (American Board of Internal Medicine) Sub-boarded in Infectious Disease
- M.D./D.O.
- Do not know
- Other (please specify)

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CURRENT PRACTICE

*** 20. Do you test for *C. difficile*?**

- Yes
- No

If answered "No", respondents have completed the survey.

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CURRENT PRACTICE

*** 21. Do you use more than one testing strategy depending on your patient population/clinical setting?**

- Yes
- No

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CURRENT PRACTICE

*** 22. Which population(s)/clinical setting(s) do you have more than one testing strategy?**

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CURRENT PRACTICE

For the following two questions, the abbreviations stand for --

NAAT: Nucleic Acid Amplification Test

GDH: Glutamate Dehydrogenase

EIA: Enzyme Immunoassay

*** 23. Which of the following is your primary testing strategy?**

- NAAT as a stand alone test
- NAAT as a component of a multiplex assay
- EIA alone
- Culture
- Toxigenic culture
- GDH --> EIA
- GDH --> EIA --> NAAT
- GDH + EIA --> NAAT
- GDH --> NAAT
- EIA --> NAAT
- NAAT --> EIA for toxin production

Other (please specify)

*** 24. Which of the following is your secondary testing strategy?**

- NAAT as a stand alone test
- NAAT as a component of a multiplex assay
- EIA alone
- Culture
- Toxigenic culture
- GDH --> EIA
- GDH --> EIA --> NAAT
- GDH + EIA --> NAAT
- GDH --> NAAT
- EIA --> NAAT
- NAAT --> EIA for toxin
- Do not have a secondary testing strategy

Other (please specify)

*** 25. Which shifts do you perform testing for *C. difficile*? (Select all that apply.)**

- Day
- Afternoon/Evening
- Late Evening/night

*** 26. What is your average turn-around-time for the first result in your algorithm?**

*** 27. What is your average turn-around-time for the second result in your algorithm? (Enter N/A if a second test is not performed.)**

*** 28. Do you know what percent of your tests are positive?**

- Yes
- No

If answered "No", respondents skip to question 30.

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CURRENT PRACTICE

*** 29. What is the approximate percent?**

*** 30. Do any of your clients perform fecal transplants?**

- Yes
- No