NIST Clinical Quality Assurance Programs (QAPs) Questionnaire

1. W	hat is your laboratory's name? Click here to enter text.
2. W	hat is your QAP participant number (if known)? Click here to enter text.
3. In	which NIST clinical QAPs do you participate (past or present)? Check all that apply. ☐ Micronutrients Measurement QAP (MMQAP) ☐ NIST/NIH Vitamin D Metabolites QAP (VitDQAP) ☐ NIST/NIH Fatty Acids in Human Serum and Plasma QAP (FAQAP)
4. W	hich of the following best describe(s) your laboratory? Check all that apply. Academic laboratory Government laboratory Hospital laboratory Private industry Research and development Routine patient sample testing
5. W apply	hich of the following best describe(s) your general research area or interests? Check all that Clinical Healthcare Nutrition Metabolomics Pathology Other (Please describe): Click here to enter text.
6. W apply	hich of the following clinical matrices does your laboratory currently analyze? Check all that Breast milk Dried blood spots Plasma Serum Tissues (Please describe): Click here to enter text. Urine Whole blood Other (Please describe): Click here to enter text.

For every box selected in response to question 6, up to eight follow-up questions will be generated with the following format:

Please indicate what classes of analytes (e.g. carotenoids) or specific analytes (e.g., trans- β -carotene) you measure in <Breast milk>: Click here to enter text.

For which classes of analytes, if ar	ny, is participation in the NIST	clinical QAPs <i>critical</i> to your lab's
performance validation? Check all the	at apply.	
□ Carotenoids		
☐ Coenzyme Q10		
\square Fatty acids		
☐ Vitamin A		
☐ Vitamin C		
☐ Vitamin D metabolites		
☐ Vitamin E (tocopherols)		

If any boxes are selected in response to question 7, then the following question will be generated:

For which specific analytes (e.g., 25-hydroxyvitamin D3), if any, is participation in the NIST clinical QAPs *critical* to your lab's performance validation? Click here to enter text.

- 8. There are many organizations (e.g. CAP, DEQAS, CDC, RCPAQAP) that provide quality assurance and/or proficiency testing for analytes that are currently studied in the NIST clinical QAPs. Are these other testing services sufficient to meet your laboratory's performance validation needs such that a current NIST clinical QAP is no longer needed? If so, for which classes of analytes or specific analytes? Please elaborate. Click here to enter text.
- 9. Are there any specific clinical analytes/matrices that are NOT currently addressed in the NIST QAPs that you would like to see included in future comparability studies? Please be as specific as possible. Click here to enter text.
- 10. Can we follow-up with you if we have any questions regarding your responses? If so, please provide your email address. Click here to enter text.

The program coordinators of the MMQAP, VitDQAP, and FAQAP thank you for your participation in this questionnaire.

This collection of information contains Paperwork Reduction Act (PRA) requirements approved by the Office of Management and Budget (OMB). Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the PRA unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection is estimated to be **15 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. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the National Institute of Standards and Technology, Attn: **Mary Bedner, NIST, 100 Bureau Drive, Gaithersburg, MD 20899-8392; Email: clingap@nist.gov**.

OMB Control No. 0693-0033

Expiration Date: 03/31/2016