	<u>20</u>	20 LABORATORY TESTING PRA	ACTICES FOR CANDIDEMIA C	UESTIONNAIRE	Form approved
					OMB No. 0920-0978 Expires xx/xx/xxxx
1)	What ki	nd of laboratory is this facility	? (select one)		Expires XX/XX/XXXX
	Hos	spital laboratory		Other (specify)	
	Cor	nmercial laboratory (Quest, et	c.)	Unknown	
2)	Does th	is facility ever receive blood co	ultures from nursing homes	or other long term ca	re facilities?
	Yes		☐ No		Unknown
3)	Does th	e clinical microbiology laborat	ory at your institution have	a separate Mycology	section or laboratory?
	Yes		☐ No		Unknown
4)	What ki	nd of blood culture system do	es your laboratory use? (che	eck all that apply)	
	☐ Bac	T/Alert		Bactec FX	
	Bac	T/Alert 3D		Isolator tubes	
	Ver	saTREK		Other (specify)	
	☐ Bac	tec 9240			
5)	What is	the approximate volume of a	ny type of fungal cultures pe	erformed <u>annually</u> in y	our laboratory?
	Specify	number:	Unknown		
6)	What is	the approximate volume of fu	ingal cultures from <u>blood</u> pe	erformed <u>annually</u> in y	our laboratory?
	Specify	number:	Unknown		
7) How	does your lab identify yeast? (check all that apply)		
	_	LDI-TOF Bruker (Biotyper)		BactiCard Candida	
	 МА	LDI-TOF bioMerieux (VITEK MS	s)	BD Phoenix	
	=	EK 2		 MicroScan	
	API	20C		RapID Plus	
	☐ DN	A sequencing		Other (specify)	
	☐ PN	A-FISH		Unknown	
8)	Does yo	ur laboratory routinely use Ch	romagar for the identificati	on or differentiation	of <i>Candida</i> isolates?
	Yes Yes		☐ No		Unknown
9)	Species	level identification is perform	ed for <i>Candida</i> snn. isolated	I from which of the fo	llowing?
٠,	open.cs	•			
	a.	Blood isolates			
		Yes, reflexively	Yes, with clinician ord	er	Unknown
	b.	Other normally sterile body s	site isolates		
		Yes, reflexively	Yes, with clinician ord	er 🔲 No	Unknown
	c.	Abdominal isolates			
	c.	Yes, reflexively	Yes, with clinician ord	er 🗌 No	Unknown
		res, remexively	res, with chilician ord	ei	
	d.	Respiratory isolates	_		
		Yes, reflexively	Yes, with clinician ord	er 🗌 No	Unknown
	e.	Urine isolates			
	_	Yes, reflexively	Yes, with clinician ord	er No	Unknown
					_
	f.	Other (specify)	Vee with all the second	au	I I Indian access
		Yes, reflexively	Yes, with clinician ord	er	Unknown

Public reporting burden of this collection of information is estimated to average 10 minutes for the entire survey, 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 Request Office, 1600 Clifton Road NE, MS D 74, Atlanta, Georgia 30333; ATTN: PRA (0920 0978).

a. If Yes, when did this lab first start using T2Candida Panel? Date (mm/dd/yyyy):							
Yes, reflexively No yes your laboratory employ the BioFire (FilmArray) to identify Candida from blood culture? Yes (go to 11a) No (go to 12) unknown a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy):	a.	If Yes, when did this lab first s	tart using T2Candida Pa	anel? Date (mm/dd/yyyy):/			
Yes, with a clinical order	b.						
yes (go to 11a)							
Yes (go to 11a)							
a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy):			<u> </u>				
b. If Yes, does this lab reflexively culture blood if you get a positive result on BioFire? Yes, reflexively Yes, with a clinical order No for both Question 10 and 11, does your laboratory have plans to employ culture-independent agnostics for Candida identification in the near future (e.g. T2Candida Panel, BioFire)? Yes Unknown No Not applicable (Yes to Q17 or Q18) es your laboratory offer any antifungal susceptibility testing for Candida? Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)	Yes	s (go to 11a)	No (go to 12)	Unknown			
Yes, reflexively Yes, with a clinical order No for both Question 10 and 11, does your laboratory have plans to employ culture-independent agnostics for Candida identification in the near future (e.g. T2Candida Panel, BioFire)? Yes Unknown No No Not applicable (Yes to Q17 or Q18) es your laboratory offer any antifungal susceptibility testing for Candida? Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)	a.	If Yes, when did this lab first s	tart using BioFire? Date	e (mm/dd/yyyy):/			
Yes, with a clinical order Unknown No for both Question 10 and 11, does your laboratory have plans to employ culture-independent agnostics for Candida identification in the near future (e.g. T2Candida Panel, BioFire)? Yes Unknown No Not applicable (Yes to Q17 or Q18) es your laboratory offer any antifungal susceptibility testing for Candida? Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)	b.		culture blood if you ge	et a positive result on BioFire?			
No for both Question 10 and 11, does your laboratory have plans to employ culture-independent agnostics for Candida identification in the near future (e.g. T2Candida Panel, BioFire)? Yes Unknown No Not applicable (Yes to Q17 or Q18) es your laboratory offer any antifungal susceptibility testing for Candida? Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)				=			
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<pre></pre>	No f	or both Question 10 and 11, do	es your laboratory have	plans to employ culture-independent			
No Not applicable (Yes to Q17 or Q18) es your laboratory offer any antifungal susceptibility testing for Candida? Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)	diagno		in the near future (e.g.				
es your laboratory offer any antifungal susceptibility testing for <i>Candida</i> ? Yes (<i>Continue onto Page 2</i>) No (<i>If No, QUESTIONNAIRE COMPLETE</i>)				=			
Yes (Continue onto Page 2) No (If No, QUESTIONNAIRE COMPLETE)		∐ No		Not applicable (Yes to Q17 or Q18)			
	Yes No	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
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	Yes No	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				
	Yes	s (Continue onto Page 2) (If No, QUESTIONNAIRE C O	OMPLETE)				

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following antifungal drugs (check all that apply):
Caspofungin
Amphotericin B
☐ Flucytosine
Other (specify)
Unknown
☐ Vitek
Other
Unknown
do you test with it? (check all that apply)
C. parapsilosis
Other <i>Candida</i> spp.
☐ Bothcategorical interpretation PLUS MIC
Unknown
2/4-1-11
etermine the categorical interpretation? (check all the
Apply epidemiologic breakpoints
Other

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Lab ID No. [][][][][]

	is AFST performed for the following	ng Candida spp.?					
a.	C. albicans Performed automatically/reflexively (Go to 19ai) Performed with a clinician's order						
	Not performed	idei					
	i. Drugs for which AFST is p	_	y on <i>C. abicans</i> (check all that apply):				
	Micafungin	Fluconazole	Other				
	Anidulafungin	Voriconazole	Unknown				
	Caspofungin	Amphotericin B					
b.	C. glabrata						
	Performed automatically/refle	exively (Go to 19bi)					
	Performed with a clinician's o						
	Not performed						
	_		y on <i>C. glabrata</i> (check all that apply)				
	☐ Micafungin	Fluconazole	Other				
	Anidulafungin	☐ Voriconazole	Unknown				
	Caspofungin	Amphotericin B					
c.	C. parapsilosis						
-	Performed automatically/refle	exively (Go to 19ci)					
	Performed with a clinician's o						
	Not performed						
	i. Drugs for which AFST is p	performed automatically/reflexivel	v on <i>C. parapsilosis</i> (check all that				
	apply):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, c. c. paraponono (c. com an enac				
	☐ Micafungin	Fluconazole	Other				
	Anidulafungin	☐ Voriconazole	Unknown				
	Caspofungin	Amphotericin B	_				
d.	d. Other Candida spp.						
	Performed automatically/refle						
	Performed with a clinician's o	rder					
	Not performed						
	i. Drugs for which AFST is performed automatically/reflexively on other <i>Candida</i> spp. (candida)						
	apply): Micafungin	Fluconazole	Other				
	Anidulafungin	Voriconazole	Unknown				
	Caspofungin	Amphotericin B	опшлоти				
		END OF QUESTIONNAIRE					

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