

2020 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE

Form approved
OMB No. 0920-0978
Expires xx/xx/xxxx

1) What kind of laboratory is this facility? (select one)

- Hospital laboratory Other (specify) _____
 Commercial laboratory (Quest, etc.) Unknown

2) Does this facility ever receive blood cultures from nursing homes or other long term care facilities?

- Yes No Unknown

3) Does the clinical microbiology laboratory at your institution have a separate Mycology section or laboratory?

- Yes No Unknown

4) What kind of blood culture system does your laboratory use? (check all that apply)

- BacT/Alert Bactec FX
 BacT/Alert 3D Isolator tubes
 VersaTREK Other (specify) _____
 Bactec 9240

5) What is the approximate volume of any type of fungal cultures performed annually in your laboratory?

Specify number: _____ Unknown

6) What is the approximate volume of fungal cultures from blood performed annually in your laboratory?

Specify number: _____ Unknown

7) How does your lab identify yeast? (check all that apply)

- MALDI-TOF Bruker (Biotyper) BactiCard Candida
 MALDI-TOF bioMerieux (VITEK MS) BD Phoenix
 VITEK 2 MicroScan
 API 20C RAPID Plus
 DNA sequencing Other (specify) _____
 PNA-FISH Unknown

8) Does your laboratory routinely use Chromagar for the identification or differentiation of *Candida* isolates?

- Yes No Unknown

9) Species-level identification is performed for *Candida* spp. isolated from which of the following?

a. Blood isolates

- Yes, reflexively Yes, with clinician order No Unknown

b. Other normally sterile body site isolates

- Yes, reflexively Yes, with clinician order No Unknown

c. Abdominal isolates

- Yes, reflexively Yes, with clinician order No Unknown

d. Respiratory isolates

- Yes, reflexively Yes, with clinician order No Unknown

e. Urine isolates

- Yes, reflexively Yes, with clinician order No Unknown

f. Other (specify) _____

- Yes, reflexively Yes, with clinician order No Unknown

ANTIFUNGAL SUSCEPTIBILITY TESTING**14) Where is antifungal susceptibility testing (AFST) done? (check all that apply)**

- On-site, in the laboratory
 Sent to commercial lab
 Sent to affiliated hospital lab
 Other _____
 Unknown

15) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Fluconazole | <input type="checkbox"/> Caspofungin |
| <input type="checkbox"/> Voriconazole | <input type="checkbox"/> Amphotericin B |
| <input type="checkbox"/> Itraconazole | <input type="checkbox"/> Flucytosine |
| <input type="checkbox"/> Posaconazole | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Micafungin | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Anidulafungin | |

16) What methods are used for AFST? (check all that apply)

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Non-commercial broth microdilution | <input type="checkbox"/> Vitek |
| <input type="checkbox"/> YeastOne | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> E test | <input type="checkbox"/> Unknown |

a. If you use Vitek for AFST, what *Candida* species do you test with it? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> <i>C. albicans</i> | <input type="checkbox"/> <i>C. parapsilosis</i> |
| <input type="checkbox"/> <i>C. glabrata</i> | <input type="checkbox"/> Other <i>Candida</i> spp. |

17) How are results of AFST reported? (select one)

- | | |
|---|--|
| <input type="checkbox"/> Categorical interpretation only (susceptible, resistant, etc.) | <input type="checkbox"/> Both--categorical interpretation PLUS MIC |
| <input type="checkbox"/> MIC only | <input type="checkbox"/> Unknown |

a. If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> CLSI M27 S4 | <input type="checkbox"/> Apply epidemiologic breakpoints |
| <input type="checkbox"/> CLSI M27 S3 | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> From manufacturer of MIC test | |

18) For what type of *Candida* isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Blood isolates | <input type="checkbox"/> No AFST performed automatically (requires order from a clinician) |
| <input type="checkbox"/> Other normally sterile body site isolates | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other (specify) _____ | |

