2021 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE

1) What kind of laboratory is this facility? (select one)
- ☐ Hospital laboratory
- ☐ Commercial laboratory (Quest, etc.)
- ☐ Other (specify) _____
- ☐ 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
- ☐ BacT/Alert 3D
- ☐ VersaTREK
- ☐ Bactec 9240
- ☐ Bactec FX
- ☐ Isolator tubes
- ☐ Other (specify) _____

5) What is the approximate volume of <u>any type</u> of fungal cultures performed <u>annually</u> in your laboratory?
Specify number: _____ ☐ Unknown

6) What is the approximate volume of fungal cultures from <u>blood</u> performed <u>annually</u> in your laboratory?
Specify number: _____ ☐ Unknown

YEAST IDENTIFICATION

7) Does this laboratory offer yeast identification <u>either onsite or sent to another laboratory</u>?
- ☐ Yes
- ☐ No *(-------- **If No, SKIP TO QUESTION 15** --------)*
- ☐ Unknown *(is there another laboratory staff member who can assist with the questionnaire?)*

8) Where is yeast identification done? (check the most applicable)
- ☐ On-site, in the laboratory
- ☐ Sent to commercial lab
- ☐ Sent to affiliated hospital lab
- ☐ Sent to other local/regional, non-affiliated reference or public health laboratory
- ☐ Other _____
- ☐ Unknown

Answer the following questions for the lab selected in question 8.

9) How does this lab identify yeast? (check all that apply)
- ☐ MALDI-TOF Bruker (Biotyper)
- ☐ MALDI-TOF bioMerieux (VITEK MS)
- ☐ VITEK 2
- ☐ API 20C
- ☐ DNA sequencing
- ☐ PNA-FISH
- ☐ BactiCard Candida
- ☐ BD Phoenix
- ☐ MicroScan
- ☐ RapID Plus
- ☐ Other (specify) _____
- ☐ Unknown

10) Does this laboratory routinely use Chromagar for the identification or differentiation of *Candida* isolates?
☐ Yes ☐ No ☐ Unknown

11) 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

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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

12) Does this laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?
☐ Yes (got to 12a) ☐ No (go to 13) ☐ Unknown

a. If Yes, when did this lab first start using T2Candida Panel? *Date (mm/dd/yyyy):* ____/____/_____

b. I f Yes, does this lab culture blood if you get a positive result on T2Candida Panel?
☐ Yes, reflexively ☐ No
☐ Yes, with a clinical order ☐ Unknown

13) Does this laboratory employ the BioFire (FilmArray) to identify *Candida* from blood culture?
☐ Yes (go to 13a) ☐ No (go to 14) ☐ Unknown

a. If Yes, when did this lab first start using BioFire? *Date (mm/dd/yyyy):* ____/____/_____

14) If No for both Question 12 and 13, does this laboratory have plans to employ culture-independent diagnostics for *Candida* identification in the near future (e.g. T2Candida Panel, BioFire)?
☐ Yes ☐ Unknown
☐ No ☐ Not applicable

ANTIFUNGAL SUSCEPTIBILITY TESTING

15) Does this laboratory offer any antifungal susceptibility testing for *Candida* either onsite or sent to another laboratory?
☐ Yes
☐ No *(-------- **If No, QUESTIONNAIRE COMPLETE** --------)*
☐ Unknown *(is there another laboratory staff member who can assist with the questionnaire?)*

16) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)
☐ On-site, in the laboratory
☐ Sent to commercial lab
☐ Sent to affiliated hospital lab
☐ Sent to other local/regional, non-affiliated reference or public health laboratory
☐ Other _____
☐ Unknown

Answer the following questions for the lab selected in question 16.

17) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):
☐ Fluconazole ☐ Caspofungin
☐ Voriconazole ☐ Amphotericin B
☐ Itraconazole ☐ Flucytosine
☐ Posaconazole ☐ Other (specify) _____
☐ Micafungin ☐ Unknown
☐ Anidulafungin

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

- ☐ Non-commercial broth microdilution
- ☐ YeastOne
- ☐ E test
- ☐ Vitek
- ☐ Other _____
- ☐ Unknown

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

- ☐ *C. albicans*
- ☐ *C. glabrata*
- ☐ *C. parapsilosis*
- ☐ Other *Candida* spp.

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

- ☐ Categorical interpretation only (susceptible, resistant, etc.)
- ☐ MIC only
- ☐ Both--categorical interpretation PLUS MIC
- ☐ Unknown

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

- ☐ CLSI M27 S4
- ☐ CLSI M27 S3
- ☐ From manufacturer of MIC test
- ☐ Apply epidemiologic breakpoints
- ☐ Other _____

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

- ☐ Blood isolates
- ☐ Other normally sterile body site isolates
- ☐ Other (specify) _____
- ☐ No AFST performed automatically (requires order from a clinician)
- ☐ Unknown

21) How is AFST performed for the following *Candida* spp.?

a. <u>C. albicans</u>

- ☐ Performed automatically/reflexively *(Go to 21ai)*
- ☐ Performed with a clinician's order *(Go to 21ai)*
- ☐ Not performed

i. Drugs for which AFST is performed on *C. abicans* (check all that apply):

- ☐ Micafungin
- ☐ Anidulafungin
- ☐ Caspofungin
- ☐ Fluconazole
- ☐ Voriconazole
- ☐ Amphotericin B
- ☐ Other
- ☐ Unknown

b. <u>C. glabrata</u>

- ☐ Performed automatically/reflexively *(Go to 21bi)*
- ☐ Performed with a clinician's order *(Go to 21bi)*
- ☐ Not performed

i. Drugs for which AFST is performed on *C. glabrata* (check all that apply):

- ☐ Micafungin
- ☐ Anidulafungin
- ☐ Caspofungin
- ☐ Fluconazole
- ☐ Voriconazole
- ☐ Amphotericin B
- ☐ Other
- ☐ Unknown

c. <u>C. parapsilosis</u>

- ☐ Performed automatically/reflexively *(Go to 21ci)*
- ☐ Performed with a clinician's order *(Go to 21ci)*
- ☐ Not performed

i. Drugs for which AFST is performed on *C. parapsilosis* (check all that apply):

- ☐ Micafungin
- ☐ Anidulafungin
- ☐ Caspofungin
- ☐ Fluconazole
- ☐ Voriconazole
- ☐ Amphotericin B
- ☐ Other
- ☐ Unknown

d. **Other *Candida* spp.**

- ☐ Performed automatically/reflexively *(Go to 21di)*
- ☐ Performed with a clinician's order *(Go to 21di)*
- ☐ Not performed

i. Drugs for which AFST is performed on other *Candida* spp. (check all that apply):

☐ Micafungin	☐ Fluconazole	☐ Other
☐ Anidulafungin	☐ Voriconazole	☐ Unknown
☐ Caspofungin	☐ Amphotericin B	

---------- END OF QUESTIONNAIRE ----------