

Cross walk - 2021 form changes

ABCs

1) 2021 ABCs Neonatal Infection Expanded Tracking Form

Current Form	Proposed changes
3C. Gestational age determined by: 1=Dates 2=Physical Exam 3=Ultrasound 9=Unknown	3C. Gestational age determined by: 1=Dates 2=Physical Exam 3=Ultrasound 4=Assisted Reproductive Technology 9=Unknown

FoodNet

2) FoodNet Active Surveillance Data Elements List

Refer to Attachment #4 - Excel Spreadsheet – Changes are highlighted in Yellow

3) FoodNet Diagnostic Laboratory Practices and Volume Data Elements

Refer to Attachment #5 - Excel Spreadsheet - Changes are highlighted in Yellow

FluSurv-Net

1) FluSurv-NET Influenza Surveillance Project Case Report Form

Question on 2019-20 Form	Question on 2020-21 Form
(N/A)	COVID-NET Case ID
(N/A)	RSV-NET Case ID
(N/A)	CDC Track
C14. Where did patient reside at the time of hospitalization? (Indicate type of residence) <ul style="list-style-type: none"> ▪ Private residence ▪ Home with services ▪ Homeless/shelter ▪ Nursing home/Skilled nursing facility ▪ Alcohol/Drug Abuse Treatment ▪ Hospitalized at birth ▪ Rehabilitation facility ▪ Corrections facility 	C15. Where did patient reside at the time of hospitalization? (Indicate type of residence) <ul style="list-style-type: none"> ▪ Private residence ▪ Private residence services ▪ Homeless/shelter ▪ Nursing home/Skilled nursing facility ▪ Alcohol/Drug Abuse Treatment ▪ Hospitalized at birth ▪ Rehabilitation facility ▪ Corrections facility

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group/Retirement home ▪ Psychiatric facility ▪ Other long term care facility ▪ Unknown ▪ Other, specify 	<ul style="list-style-type: none"> ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group/Retirement home ▪ Psychiatric facility ▪ Other long term care facility ▪ Unknown <p>Other, specify</p>
(N/A)	E2. BiPAP or CPAP use? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown
(N/A)	E3. High flow nasal cannula (e.g., Vapotherm)? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown
(NA)	E6. Vasopressor use? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown
(NA)	E7. Renal Replacement Therapy (RRT) or Dialysis? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown
K2a. If patient discharged alive, please indicate to where: <ul style="list-style-type: none"> ▪ Private residence ▪ Home with services ▪ Homeless/shelter ▪ Nursing home/Skilled nursing facility ▪ Alcohol/Drug Abuse Treatment ▪ Rehabilitation facility ▪ Corrections facility ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group/Retirement home ▪ Psychiatric facility ▪ Other long term care facility ▪ Unknown ▪ Other, specify 	F2. If patient discharged alive, please indicate to where: <ul style="list-style-type: none"> ▪ Private residence ▪ Home with services ▪ Homeless/shelter ▪ Nursing home/Skilled nursing facility ▪ Alcohol/Drug Abuse Treatment ▪ Hospitalized at birth ▪ Rehabilitation facility ▪ Corrections facility ▪ Hospice ▪ Assisted living/Residential care ▪ LTACH ▪ Group/Retirement home ▪ Psychiatric facility ▪ Other long term care facility ▪ Against medical advice ▪ Discharged to another hospital ▪ Unknown ▪ Other, specify
E7. Alcohol abuse	(Deleted question)

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ Current ▪ Former ▪ No/Unknown 	
E8. Substance abuse <ul style="list-style-type: none"> ▪ Current ▪ Former ▪ No/Unknown 	(Deleted question)
E8a. Substance Abuse Type (Current use only) check all that apply <ul style="list-style-type: none"> ▪ IVDU ▪ Opioids ▪ Cocaine ▪ Methamphetamines ▪ Marijuana (ingested or unknown route) ▪ Unknown ▪ Other, specify 	(Deleted question)
E9. Current Non-Tobacco Smoker <ul style="list-style-type: none"> ▪ Yes ▪ No/Unknown 	(Deleted question)
E9. Current Non-Tobacco Smoker Type <ul style="list-style-type: none"> ▪ Marijuana ▪ E-nicotine delivery system (ENDS) ▪ Other 	(Deleted question)
(N/A)	I1o. Hypertension <ul style="list-style-type: none"> ▪ Yes ▪ No/Unknown
E10f. Neuromuscular disorder <ul style="list-style-type: none"> ▪ Amyotrophic lateral sclerosis (ALS) ▪ Mitochondrial disorder (see list) ▪ Multiple sclerosis (MS) ▪ Muscular dystrophy (see list) ▪ Myasthenia gravis (MG) ▪ Parkinson's disease ▪ Scoliosis/Kyphoscoliosis ▪ Other, specify E10g. Neurologic disorder	I1f. Neurologic Disorder <ul style="list-style-type: none"> ▪ Amyotrophic lateral sclerosis (ALS) ▪ Cerebral palsy ▪ Cognitive dysfunction ▪ Dementia/Alzheimer's disease ▪ Developmental delay ▪ Down syndrome/Trisomy 21 ▪ Edward's syndrome/Trisomy 18 ▪ Epilepsy/seizure/seizure disorder ▪ Mitochondrial disorder (<i>See list</i>) ▪ Multiple sclerosis (MS) ▪ Muscular dystrophy (<i>See list</i>)

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ Cerebral palsy ▪ Cognitive dysfunction ▪ Dementia/Alzheimer's disease ▪ Developmental delay ▪ Down syndrome/Trisomy 21 ▪ Edwards Syndrome/Trisomy 18 ▪ Epilepsy/Seizure/Seizure disorder ▪ Neuropathy ▪ Neural tube defects/Spina bifida (See list) ▪ Plegias/Paralysis/Quadriplegia ▪ Traumatic brain injury (TBI) ▪ Other, Specify 	<ul style="list-style-type: none"> ▪ Myasthenia gravis (MG) ▪ Neural tube defects/Spina bifida (<i>See list</i>) ▪ Neuropathy ▪ Parkinson's disease ▪ Plegias/Paralysis/Quadriplegia ▪ Scoliosis/Kyphoscoliosis ▪ Traumatic brain injury (TBI), history of ▪ Other, specify
E10m. Total # of pregnancies to date	(Deleted question)
E10m. Total # of pregnancies to date that resulted in a live birth	(Deleted question)
E10m. Specify total # of fetuses for current pregnancy <ul style="list-style-type: none"> ▪ 1 ▪ 2 ▪ 3 ▪ >3 ▪ Unknown 	(Deleted question)
E10m. Specify gestational age in weeks <ul style="list-style-type: none"> ▪ 	(Deleted question)
E10m. If gestation age in weeks unknown, specify trimester of pregnancy <ul style="list-style-type: none"> ▪ 1st (0 to 13 weeks 6/7 days) ▪ 2nd (14 weeks 0/7 days to 27 weeks 6/7 days) ▪ 3rd (28 weeks 0/7 days to end) ▪ Unknown 	(Deleted question)
G1. Were any bacterial culture tests performed with a collection date within three days of admission? <ul style="list-style-type: none"> ▪ Yes 	(Deleted question)

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ No ▪ Unknown 	
G2. If yes was there a positive culture for a bacterial pathogen? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown 	(Deleted question)
G3a. If yes, specify Pathogen 1	(Deleted question)
Gb. Date of culture	(Deleted question)
G3c. Site where pathogen identified <ul style="list-style-type: none"> ▪ Blood ▪ Bronchoalveolar lavage (BAL) ▪ Pleural fluid ▪ Cerebrospinal fluid (CSF) ▪ Sputum ▪ Endotracheal aspirate ▪ Other, specify 	(Deleted question)
G3d. If Staphylococcus aureus, specify <ul style="list-style-type: none"> ▪ Methicillin resistant (MRSA) ▪ Methicillin sensitive (MMSA) ▪ Sensitivity unknown 	(Deleted question)
H1b. Adenovirus <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown 	(Deleted question)
H1b. Parainfluenza 1 <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
H1b. Parainfluenza 2 <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
H1b. Parainfluenza 3 <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
H1b. Parainfluenza 4	(Deleted question)

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	
H1b. Human metapneumovirus <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
H1b. Rhinovirus/Entervirus <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
H1b. Coronavirus type <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative, ▪ Not tested/Unknown ▪ Date 	(Deleted question)
(N/A)	K1c. Coronavirus SARS-CoV-2 <ul style="list-style-type: none"> ▪ Yes, positive ▪ Yes, negative ▪ Not tested/Unknown ▪ Date
2c. Total Duration (days)	(Deleted question)
M1. Was a chest x-ray taken within 3 days of hospitalization? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown 	(Deleted question)
M2. Were any of these chest x-rays abnormal? <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ Unknown 	(Deleted question)
M2a. Date of first abnormal chest x-ray	(Deleted question)
M2b. For first abnormal chest x-ray, please check all that apply <ul style="list-style-type: none"> ▪ Report not available ▪ Air space density ▪ Air space opacity ▪ Bronchopneumonia/pneumonia 	(Deleted question)

Question on 2019-20 Form	Question on 2020-21 Form
<ul style="list-style-type: none"> ▪ Cannot rule out pneumonia ▪ Consolidation ▪ Cavitation ▪ ARDS(acute respiratory distress syndrome) ▪ Lung infiltrate ▪ Interstitial infiltrate ▪ Lobar infiltrate ▪ Pleural effusion/empyema ▪ Other 	
<p>K1. Did the patient have any of the following new diagnoses at discharge? (check all that apply)</p> <ul style="list-style-type: none"> ▪ Acute encephalopathy/encephalitis ▪ Acute myocardial infarction ▪ Acute myocarditis ▪ Acute renal failure/acute kidney injury ▪ Acute respiratory distress syndrome (ARDS) ▪ Acute respiratory failure ▪ Asthma exacerbation ▪ Bacteremia ▪ Bronchiolitis ▪ Congestive heart failure ▪ COPD exacerbation ▪ Diabetic ketoacidosis ▪ Guillain-Barre syndrome ▪ Hemophagocytic syndrome ▪ Invasive pulmonary aspergillosis ▪ Reyes syndrome ▪ Rhabdomyolysis ▪ Pneumonia ▪ Sepsis ▪ Seizures ▪ Stroke (CVA) 	<p>N1. Did the patient have any of the following new diagnoses at discharge? (check all that apply)</p> <ul style="list-style-type: none"> ▪ Acute encephalopathy/encephalitis ▪ Acute liver failure ▪ Acute myocardial infarction ▪ Acute myocarditis ▪ Acute renal failure/acute kidney injury ▪ Acute respiratory distress syndrome (ARDS) ▪ Acute respiratory failure ▪ Asthma exacerbation ▪ Bacteremia ▪ Bronchiolitis ▪ Bronchitis ▪ Chronic lung disease of prematurity/BPD ▪ Congestive heart failure ▪ COPD exacerbation ▪ Diabetic ketoacidosis ▪ Disseminated intravascular coagulation (DIC) ▪ Guillain-Barre syndrome ▪ Hemophagocytic syndrome ▪ Invasive pulmonary aspergillosis ▪ Kawasaki disease ▪ Multisystem inflammatory syndrome in children (MIS-C) ▪ Other thrombosis/embolism/coagulopathy ▪ Pneumonia ▪ Pulmonary embolism (PE) ▪ Reyes syndrome ▪ Rhabdomyolysis ▪ Sepsis ▪ Seizures ▪ Stroke (CVA) ▪ Toxic shock syndrome (TSS)

2) FluSurv-NET/RSV Laboratory Survey

Question on 2019-20 form	Question on 2020-21 form
<p data-bbox="152 373 766 478">5a. Select kit name(s) (manufacturer) for all molecular assays performed at the laboratory: (Check all that apply)</p> <p data-bbox="152 483 760 550">https://www.cdc.gov/flu/professionals/diagnosis/table-nucleic-acid-detection.html</p> <ul data-bbox="204 588 766 1936" style="list-style-type: none"> ▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott)† ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics)† ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)* ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott m2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) 	<p data-bbox="792 373 1448 478">5a. Select kit name(s) (manufacturer) for all molecular assays performed at the laboratory: (Check all that apply)</p> <p data-bbox="792 483 1464 550">https://www.cdc.gov/flu/professionals/diagnosis/table-nucleic-acid-detection.html) Multiplex Assays Authorized for Simultaneous Detection of Influenza Viruses and SARS-CoV-2 by FDA:</p> <p data-bbox="792 625 1464 693">https://www.cdc.gov/flu/professionals/diagnosis/table-flu-covid19-detection.html)</p> <ul data-bbox="837 730 1458 1936" style="list-style-type: none"> ▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott)† ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)‡* ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) ▪ CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics)† ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)*

<ul style="list-style-type: none"> ▪ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic)† ▪ Solana Influenza A+B Assay, (Quidel Simplexa™) ▪ Flu A/B & RSV, (Focus Diagnostics, 3M) Simplexa™ ▪ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) Verigene® ▪ Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify 	<ul style="list-style-type: none"> ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott m2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) ▪ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)‡* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic)† ▪ Solana Influenza A+B Assay, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify
<p>5b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season.</p> <ul style="list-style-type: none"> ▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott)† ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division) Cepheid Xpert Flu Assay, (Cepheid) 	<p>5b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assay at the laboratory during the current influenza season.</p> <ul style="list-style-type: none"> ▪ ID Now™ Influenza A&B (CLIA Waived), (Abbott)† ▪ Accula Flu A/Flu B (Mesa Biotech, Inc.)† ▪ ARIES® Flu A/B & RSV Assay, (Luminex) ▪ BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LLC)‡* ▪ CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit4), (CDC Influenza Division) ▪ CDC Human Influenza Virus Real-Time RT-PCR Detection and Characterization Panel, (CDC Influenza Division) ▪ CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division) ▪ CDC Influenza 2009 A(H1N1)pdm Real-Time RT-PCR Panel, (CDC Influenza Division)

<ul style="list-style-type: none"> ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics)† ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)* ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott m2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) ▪ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic)† ▪ Solana Influenza A+B Assay, (Quidel Simplexa™) ▪ Flu A/B & RSV, (Focus Diagnostics, 3M) Simplexa™ ▪ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) Verigene® ▪ Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify 	<ul style="list-style-type: none"> ▪ CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division) ▪ Cepheid Xpert Flu Assay, (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay, (Cepheid) ▪ Cepheid Xpert Express Flu Assay, (Cepheid) ▪ Cepheid Xpert Express Flu/RSV Assay, (Cepheid) ▪ Cobas Liat Influenza A/B, (Roche Diagnostics)† ▪ Cobas Liat Influenza A/B & RSV, (Roche Diagnostics)† ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics)* ▪ FilmArray® Respiratory Panel, (BioFire Diagnostics, LLC)* ▪ FilmArray® Respiratory Panel, EZ (BioFire Diagnostics, LLC)* ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis)* ▪ IMDx Flu A/B and RSV for Abbott m2000, (IMDx) ▪ Lyra Influenza A+B Assay, (Quidel) ▪ Nx-TAG Respiratory Pathogen Panel, (Luminex Molecular Diagnostics Inc)* ▪ Panther Fusion® Flu A/B RSV, (Assay Hologic) ▪ Prodesse PROFLU™, (GenProbe/Hologic) ▪ Prodesse ProFAST™, (GenProbe/Hologic)* ▪ QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)‡* ▪ Silaris Infuenza A & Btg, (Sekisui Diagnostic)† ▪ Solana Influenza A+B Assay, (Quidel) ▪ Simplexa™ Flu A/B & RSV, (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct, (Focus Diagnostics, 3M) ▪ Simplexa™ Influenza A H1N1 (2009), (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test, (Nanosphere, Inc) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+), (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex)*, (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST)*, (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay <p>Other, specify</p>
<p>5d. What testing kit does the testing facility use</p>	<p>5d. What testing kit does the testing facility use (or will</p>

<p>(or will use) most often to perform influenza A sub-typing during the current influenza season?</p> <ul style="list-style-type: none"> ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics) ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis) ▪ Nx-TAG Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc) ▪ Prodesse ProFAST™, (GenProbe/Hologic) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify 	<p>use) most often to perform influenza A sub-typing during the current influenza season?</p> <ul style="list-style-type: none"> ▪ BioFire Respiratory Panel 2.1 (RP2.1) (BioFire Diagnostics, LL) ▪ ePlex Respiratory Pathogen Panel (GenMark Diagnostics)* ▪ eSensor® Respiratory Viral Panel (RVP), (GenMark Diagnostics) ▪ FilmArray Respiratory Panel, (BioFire Diagnostics, LLC) ▪ Idylla Respiratory IFV-RSV Panel, (Biocartis) ▪ Nx-TAG Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc) ▪ QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex), (Nanosphere, Inc) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST), (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ Other, specify
<p>8. Based on tests that were performed during the 2018-2019 influenza season, approximately what percent of the time are each of these test types used to test for flu overall?</p> <ul style="list-style-type: none"> ▪ ___% Viral culture ▪ ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ ___% Rapid influenza diagnostic test (rapid test, RIDT) ▪ ___% Rapid Molecular Assay ▪ ___% Standard Molecular Assay – singleplex or dualplex ▪ ___% Standard Molecular Assay – multiplex /respiratory viral panel 	<p>8. Based on tests that were performed during the 2019-2020 influenza season, approximately what percent of the time are each of these test types used to test for flu overall?</p> <ul style="list-style-type: none"> ▪ ___% Viral culture ▪ ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ ___% Rapid influenza diagnostic test (rapid test, RIDT) ▪ ___% Rapid Molecular Assay ▪ ___% Standard Molecular Assay – singleplex or dualplex ▪ ___% Standard Molecular Assay – multiplex /respiratory viral panel
<p>13a. Select kit name(s) (manufacturer) for all molecular assays used at the laboratory</p> <ul style="list-style-type: none"> ▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ FilmArray Respiratory Panel EZ (BioFire 	<p>13a. Select kit name(s) (manufacturer) for all molecular assays used at the laboratory</p> <ul style="list-style-type: none"> ▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ I RSV (Alere) ▪ Cepheid GeneXpert® Infinity-48 System (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ ePlex® Respiratory Pathogen Panel (GenMark Diagnostics) ▪ eSensor® Respiratory Viral Panel (RVP)

<p>Diagnostics LLC)</p> <ul style="list-style-type: none"> ▪ IMDx Flu A/B and RSV for Abbott m2000 (IMDx) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify 	<p>(GenMark Diagnostics)</p> <ul style="list-style-type: none"> ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ FilmArray Respiratory Panel EZ (BioFire Diagnostics LLC) ▪ IMDx Flu A/B and RSV for Abbott m2000 (IMDx) ▪ NxTAG® Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc.) ▪ Panther Fusion™ Flu A/B RSV (Hologic) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Luminex) ▪ xTAG® Respiratory Viral Panel (RVP or RVP FAST or RVP Fast v2) (Luminex Corporation) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify
<p>13b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season (select one)</p> <ul style="list-style-type: none"> ▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics LLC) ▪ FilmArray Respiratory Panel EZ (BioFire Diagnostics LLC) ▪ IMDx Flu A/B and RSV for Abbott m2000 	<p>13b. If more than one kit is selected above, please select the <u>one kit</u> that is (or will be) used most frequently for molecular assays at the laboratory during the current RSV season (select one)</p> <ul style="list-style-type: none"> ▪ ARIES® Flu A/B & RSV Assay (Luminex) ▪ Alere™ i RSV (Alere) ▪ Cepheid GeneXpert® Infinity-48 System (Cepheid) ▪ Cepheid Xpert Flu/RSV XC Assay (Cepheid) ▪ Cepheid Xpert Xpress Flu/RSV Assay (Cepheid) ▪ Cobas® Liat® Influenza A/B and RSV Assay (Roche Molecular Systems, Inc.) ▪ ePlex® Respiratory Pathogen Panel (GenMark Diagnostics) ▪ eSensor® Respiratory Viral Panel (RVP) (GenMark Diagnostics) ▪ FilmArray Respiratory Panel (BioFire Diagnostics

<p>(IMDx)</p> <ul style="list-style-type: none"> ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Luminex) ▪ x-TAG® Respiratory Viral Panel Fast (RVP FAST) (Luminex Molecular Diagnostics Inc) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay ▪ Other, specify 	<p>LLC)</p> <ul style="list-style-type: none"> ▪ FilmArray Respiratory Panel EZ (BioFire Diagnostics LLC) ▪ IMDx Flu A/B and RSV for Abbott m2000 (IMDx) NxTAG® Respiratory Pathogen Panel (Luminex Molecular Diagnostics Inc.) ▪ Panther Fusion™ Flu A/B RSV (Hologic) ▪ Prodesse PROFLU™+ (GenProbe/Hologic) ▪ Simplexa™ Flu A/B & RSV (Focus Diagnostics, 3M) ▪ Simplexa™ Flu A/B & RSV Direct (Focus Diagnostics, 3M) ▪ Verigene® Respiratory Virus Nucleic Acid Test (Luminex) ▪ Verigene® Respiratory Virus Plus Nucleic Acid Test (RV+) (Luminex) ▪ Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Luminex) ▪ xTAG® Respiratory Viral Panel (RVP or RVP FAST or RVP Fast v2) (Luminex Corporation) ▪ In-house developed PCR assay ▪ CDC Respiratory Syncytial Virus Real-Time RT-PCR Assay <p>Other, specify</p>
<p>18. Based on tests that were performed during the 2018-2019 RSV season, approximately what percent of the time are each of these test types used to test for RSV in <u>pediatric patients (aged 0-17) years?</u></p> <ul style="list-style-type: none"> ▪ ___% Viral culture ▪ ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ ___% Serology (IgG or IgM) ▪ ___% Rapid antigen diagnostic test (rapid test, RADT) ▪ ___% Molecular Assay - singleplex (RSV only) ▪ ___% Molecular Assay - dualplex (RSV/influenza) ▪ ___% Molecular Assay - multiplex /respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing) 	<p>18. Based on tests that were performed during the 2019-2020 RSV season, approximately what percent of the time are each of these test types used to test for RSV in <u>pediatric patients (aged 0-17) years?</u></p> <ul style="list-style-type: none"> ▪ ___% Viral culture ▪ ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA) ▪ ___% Serology (IgG or IgM) ▪ ___% Rapid antigen diagnostic test (rapid test, RADT) ▪ ___% Molecular Assay - singleplex (RSV only) ▪ ___% Molecular Assay - dualplex (RSV/influenza) ▪ ___% Molecular Assay - multiplex /respiratory viral panel (RVP) ▪ Not applicable (no pediatric testing)
<p>19. Based on tests that were performed during</p>	<p>19. Based on tests that were performed during the</p>

the 2018-2019 RSV season, approximately what percent of the time are each of these test types used to test for RSV in adult patients (aged ≥18 years)?

- ___% Viral culture
- ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA)
- ___% Serology (IgG or IgM)
- ___% Rapid antigen diagnostic test (rapid test, RADT)
- ___% Molecular Assay – singleplex (RSV only)
- ___% Molecular Assay – dualplex (RSV/influenza)
- ___% Molecular Assay – multiplex /respiratory viral panel (RVP)
- Not applicable (no adult testing)

2019-2020 RSV season, approximately what percent of the time are each of these test types used to test for RSV in adult patients (aged ≥18 years)?

- ___% Viral culture
- ___% Indirect fluorescent antibody stain (IFA)/direct fluorescent antibody stain (DFA)
- ___% Serology (IgG or IgM)
- ___% Rapid antigen diagnostic test (rapid test, RADT)
- ___% Molecular Assay – singleplex (RSV only)
- ___% Molecular Assay – dualplex (RSV/influenza)
- ___% Molecular Assay – multiplex /respiratory viral panel (RVP)
- Not applicable (no adult testing)

HAIC

1) MuGSI Case Report Form for Carbapenem-resistant Enterobacteriaceae (CRE) and *Acinetobacter baumannii* (CRAB)

Note: Changes on the 2021 CRF are highlighted in yellow.

Question on 2020 form	Question on 2021 form
<p>Title: 2020 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant <i>A. baumannii</i> (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report</p>	<p>Title: 2021 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant <i>A. baumannii</i> (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report</p>
<p>11. Incident specimen collection site</p> <ul style="list-style-type: none"> • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/synovial fluid • Muscle • Peritoneal fluid • Pericardial fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ 	<p>11. Incident specimen collection site</p> <ul style="list-style-type: none"> • Blood • Bone • Bronchoalveolar lavage (CRAB only, complete Q23c) • CSF • Internal body site (specify): _____ • Joint/synovial fluid • Muscle • Peritoneal fluid • Pericardial fluid • Pleural fluid • Sputum (CRAB only, complete Q23c) • Tracheal aspirate (CRAB only, complete Q23c) • Urine • Wound (specify): _____ (CRAB only) • Other LRT site (specify): _____ (CRAB only, complete Q23c) • Other normally sterile site (specify): _____
<p>11. Incident specimen collection site</p> <ul style="list-style-type: none"> • Abscess, not skin • AV fistula/graft infection • Bacteremia • Bursitis • Catheter site infection (CVC) • Cellulitis • Chronic ulcer/wound (not decubitus) • Empyema • Endocarditis • Epidural abscess • Meningitis • Osteomyelitis • Peritonitis • Pneumonia • Pyelonephritis • Septic arthritis • Septic emboli • Septic shock • Skin abscess 	<p>11. Incident specimen collection site</p> <ul style="list-style-type: none"> • Abscess, not skin • AV fistula/graft infection • Bacteremia • Bursitis • Catheter site infection (CVC) • Cellulitis • Chronic ulcer/wound (not decubitus) • Empyema • Endocarditis • Epidural abscess • Meningitis • Osteomyelitis • Peritonitis • Pneumonia (CRAB cases, complete Q23c) • Pyelonephritis • Septic arthritis • Septic emboli • Septic shock • Skin abscess

<ul style="list-style-type: none"> • Surgical incision infection • Surgical site infection (internal) • Traumatic wound • Urinary tract infection • Other (specify): _____ 	<ul style="list-style-type: none"> • Surgical incision infection • Surgical site infection (internal) • Traumatic wound • Urinary tract infection • Other (specify): _____
<p>22d. Urine culture only: Was a blood culture positive in the 3 calendar days before through the 3 calendar days after the DISC for the same MuGSI organism?</p> <ul style="list-style-type: none"> • Yes • No • Unknown 	
<p>25. Was the same organism (Q10) cultured from a different sterile site or urine in the 30 days after the DISC?</p> <ul style="list-style-type: none"> • Yes • No • Unknown <p>If yes, source (check all that apply):</p> <ul style="list-style-type: none"> • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/synovial fluid • Muscle • Peritoneal fluid • Pericardial fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ 	
<p>26. Enterobacteriaceae only: Were cultures of sterile site(s) or urine positive for a different organism (Q10) in the 30 days before the DISC?</p> <ul style="list-style-type: none"> • Yes • No • Unknown • N/A <p>If yes, source (check all that apply):</p> <ul style="list-style-type: none"> • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/synovial fluid • Muscle • Peritoneal fluid • Pericardial fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ <p>If yes, indicate organism and associated state ID for the incident</p>	

<p>closest to the DISC:</p> <ul style="list-style-type: none"> • <i>Escherichia coli</i> • <i>Enterobacter cloacae</i> • <i>Klebsiella aerogenes</i> • <i>Klebsiella pneumoniae</i> • <i>Klebsiella oxytoca</i> 	
<p>27a. <i>A. baumannii</i> cultures only: Was cultures of other sterile site(s) or urine positive for another <i>A. baumannii</i> in in the 30 days after the DISC?</p> <ul style="list-style-type: none"> • Yes • No • Unknown • N/A <p>If yes, source (check all that apply):</p> <ul style="list-style-type: none"> • Blood • Bone • CSF • Internal body site (specify): _____ • Joint/synovial fluid • Muscle • Peritoneal fluid • Pericardial fluid • Pleural fluid • Urine • Other normally sterile site (specify): _____ <p>If yes, state ID for the incident case closest to the DISC: _____</p>	
<p>27b. <i>A. baumannii</i> cultures only: Did the patient have a sputum culture positive for CRAB in the 30 days before the DISC?</p> <ul style="list-style-type: none"> • Yes • No • Unknown • N/A 	<p>23a. <i>A. baumannii</i> cultures only: Did the patient have a sputum culture positive for CRAB in the 30 days before the DISC?</p> <ul style="list-style-type: none"> • Yes • No • Unknown • N/A
<p>27c. <i>A. baumannii</i> cultures only: Risk factors in the 7 days before the DISC</p> <ul style="list-style-type: none"> • Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC • Nebulizer treatment at any time in the 7 calendar days before the DISC • Mechanical ventilation at any time in the 7 calendar days before the DISC 	<p>23b. <i>A. baumannii</i> cultures only: Risk factors in the 7 days before the DISC</p> <ul style="list-style-type: none"> • Non-invasive positive pressure ventilation (CPAP or BiPAP) at any time in the 7 calendar days before the DISC • Nebulizer treatment at any time in the 7 calendar days before the DISC • Mechanical ventilation at any time in the 7 calendar days before the DISC
	<p>Complete question 23c ONLY for <i>A. baumannii</i> cases from LRT site cultures or for non-LRT cultures where pneumonia is marked in question 17a.</p> <p>23c. Chest Radiology Findings (check all that apply):</p> <ul style="list-style-type: none"> • Not done • No report available • Acute respiratory distress syndrome (ARDS) • Air Space density/opacity • Ground glass opacities/infiltrates

- Bronchopneumonia/pneumonia
- Cannot rule out pneumonia
- Cavitation
- Consolidation
- Infiltrate
- Pleural effusion
- Nodules

28a. Was the patient positive for the same organism in the year before the DISC?

- Yes
- No
- Unknown

28b. If yes, specify date of culture and state ID for the first positive culture in the year before:
Date of culture: __/__/____
State ID: _____

29a. Enterobacteriaceae only: Was the patient positive for a MuGSI Enterobacteriaceae in the year before the DISC?

- Yes
- No
- Unknown

29b. If yes, specify organism, date of culture, and state ID for the first positive Enterobacteriaceae culture in the year before the DISC:

- *Escherichia coli*
- *Enterobacter cloacae*
- *Klebsiella aerogenes*
- *Klebsiella pneumoniae*
- *Klebsiella oxytoca*

Date of culture: __/__/____
State ID: _____

30a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?

- Yes
- No
- Unknown

24a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC?

- Yes
- No
- Unknown

30b. If yes, complete table below

	Specimen Collection date	Test Type
FIRST positive test for SARS-Cov-2 on or before the DISC:	__/__/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)

24b. If yes, complete table below

	Specimen Collection date	Test Type
FIRST positive test for SARS-Cov-2 on or before the DISC:	__/__/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other

MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	__/__/____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	__/__/____ <input type="checkbox"/> Unknown	(specify) <input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)
30c. COVID-NET Case ID: _____			24c. COVID-NET Case ID: _____		
30d. NNDSS IDs (Please provide at least one of the following when applicable): Local Case ID: _____ Local Record ID: _____ State Case Identifier: _____ Legacy Case Identifier: _____			24d. NNDSS IDs (Please provide at least one of the following when applicable): Local Case ID: _____ Local Record ID: _____ State Case Identifier: _____ Legacy Case Identifier: _____ CDC 2019-nCoV ID: _____		
23. Was the incident specimen polymicrobial? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown			25. Was the incident specimen polymicrobial? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
24a. Was the incident specimen tested for carbapenemase? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Laboratory not testing <input type="radio"/> Unknown			26a. Was the incident specimen tested for carbapenemase? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Laboratory not testing <input type="radio"/> Unknown		
24b. If yes, what testing method was used (check all that apply) Non-Molecular Tests: <input type="checkbox"/> CarbaNP <input type="checkbox"/> Carbapenemase Inactivation Method (CIM) <input type="checkbox"/> Disk Diffusion/ROSCO Disk <input type="checkbox"/> E-test <input type="checkbox"/> Modified Carbapenemase Inactivation Method (mCIM) <input type="checkbox"/> Modified Hodge Test (MHT) <input type="checkbox"/> RAPIDEC <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown Molecular Tests: <input type="checkbox"/> Automated Molecular Assay <input type="checkbox"/> Carba-R <input type="checkbox"/> Check Points <input type="checkbox"/> MALDI-TOF MS <input type="checkbox"/> Next Generation Nucleic Acid Sequencing <input type="checkbox"/> PCR <input type="checkbox"/> Streck ARM-D <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown			26b. If yes, what testing method was used (check all that apply) Non-Molecular Tests: <input type="checkbox"/> CarbaNP <input type="checkbox"/> Carbapenemase Inactivation Method (CIM) <input type="checkbox"/> Disk Diffusion/ROSCO Disk <input type="checkbox"/> E-test <input type="checkbox"/> Modified Carbapenemase Inactivation Method (mCIM) <input type="checkbox"/> Modified Hodge Test (MHT) <input type="checkbox"/> RAPIDEC <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown Molecular Tests: <input type="checkbox"/> Automated Molecular Assay <input type="checkbox"/> Carba-R <input type="checkbox"/> Check Points <input type="checkbox"/> MALDI-TOF MS <input type="checkbox"/> Next Generation Nucleic Acid Sequencing <input type="checkbox"/> PCR <input checked="" type="checkbox"/> Streck ARM-D <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown		
24c. IF TESTED, WHAT WAS THE TESTING RESULT? Non-Molecular Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative			26c. IF TESTED, WHAT WAS THE TESTING RESULT? Non-Molecular Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative		

Indeterminate
 Unknown
Molecular Test Results:

<input type="checkbox"/> NDM	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> KPC	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> OXA	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> OXA-48	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> VIM	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> IMP	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk

Indeterminate
 Unknown
Molecular Test Results:

<input type="checkbox"/> NDM	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> KPC	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> OXA	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> OXA-48	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> VIM	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> IMP	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk
<input type="checkbox"/> Other Specify: _____	<input type="checkbox"/> Pos	<input type="checkbox"/> Neg	<input type="checkbox"/> Ind	<input type="checkbox"/> Unk

31. Susceptibility results

Antibiotic
Amikacin
Amoxicillin/Clavulanate
Ampicillin
Ampicillin/Sulbactam
Aztreonam
Cefazolin
Cefepime
Cefotaxime
Cefoxitin
Ceftazidime
Ceftazidime/Avibactam
Ceftolozane/Tazobactam
Ceftriaxone
Cephalothin
Ciprofloxacin
Colistin
Doripenem
Doxycycline
Ertapenem
Fosfomycin
Gentamicin
Imipenem
Imipenem-relebactam
Levofloxacin
Meropenem
Meropenem-vaborbactam
Minocycline
Nitrofurantoin
Piperacillin/Tazobactam
Plazomicin
Polymyxin B
Rifampin
Tetracycline
Tigecycline

27. Susceptibility results

Antibiotic
Amikacin
Amoxicillin/Clavulanate
Ampicillin
Ampicillin/Sulbactam
Aztreonam
Cefazolin
Cefepime
Cefiderocol
Cefotaxime
Cefoxitin
Ceftazidime
Ceftazidime/Avibactam
Ceftolozane/Tazobactam
Ceftriaxone
Cephalothin
Ciprofloxacin
Colistin
Doripenem
Doxycycline
Eravacycline
Ertapenem
Fosfomycin
Gentamicin
Imipenem
Imipenem-relebactam
Levofloxacin
Meropenem
Meropenem-vaborbactam
Minocycline
Nitrofurantoin
Omadacycline
Piperacillin/Tazobactam
Plazomicin
Polymyxin B

<p>Tobramycin Trimethoprim-sulfamethoxazole</p> <p>Data source Medical record Microscan Vitek Phoenix Kirby-Bauer E-test</p>	<p>Rifampin Tetracycline Tigecycline Tobramycin Trimethoprim-sulfamethoxazole</p> <p>Data source Medical record Microscan Vitek Phoenix Sensititre Kirby-Bauer E-test</p>
<p>32a. Was case first identified through audit?</p> <ul style="list-style-type: none"> • Yes • No 	<p>28a. Was case first identified through audit?</p> <ul style="list-style-type: none"> • Yes • No
<p>32b. CRF status</p> <ul style="list-style-type: none"> • Complete • Pending • Chart unavailable after 3 requests 	<p>28b. CRF status</p> <ul style="list-style-type: none"> • Complete • Pending • Chart unavailable after 3 requests
<p>28c. SO Initials: _____</p>	<p>28c. SO Initials: _____</p>
<p>31d. Date of abstraction: ____ - ____ - _____</p>	<p>28d. Date of abstraction: ____ - ____ - _____</p>
<p>31e. Comments: _____ _____</p>	<p>28e. Comments: _____ _____</p>

2) Multi-site Gram-Negative Surveillance Initiative (MuGSI)- Extended-Spectrum Beta-Lactamase-Producing Enterobacteriaceae (ESBL)

Note: Changes on the 2021 CRF are highlighted in yellow.

Question on 2020 form	Question on 2021 form
<p>Title: 2020 Carbapenem Resistant Enterobacteriaceae (CRE)/ Carbapenem Resistant A. baumannii (CRAB) Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report</p>	<p>Title: 2021 Extended-Spectrum Beta-Lactamase (ESBL)-Producing Enterobacteriaceae Multi-site Gram-Negative Surveillance Initiative (MuGSI) Healthcare Associated Infection Community Interface (HAIC) Case Report</p>
<p>26a. Is antimicrobial use (IV or oral) in the 30 days before the DISC documented?</p> <ul style="list-style-type: none"> • Yes • No • Unknown 	<p>24a. Is antimicrobial use (IV or oral) in the 30 days before the DISC documented?</p> <ul style="list-style-type: none"> • Yes • No • Unknown
<p>26b. If yes, check all antimicrobials used in the 30 days before the DISC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amikacin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Amoxicillin/clavulanic acid 	<p>24b. If yes, check all antimicrobials used in the 30 days before the DISC</p> <ul style="list-style-type: none"> <input type="checkbox"/> Amikacin <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Amoxicillin/clavulanic acid

<ul style="list-style-type: none"><input type="checkbox"/> Ampicillin<input type="checkbox"/> Ampicillin/sulbactam<input type="checkbox"/> Azithromycin<input type="checkbox"/> Aztreonam<input type="checkbox"/> Cefazolin<input type="checkbox"/> Cefdinir<input type="checkbox"/> Cefepime<input type="checkbox"/> Cefixime<input type="checkbox"/> Cefotaxime<input type="checkbox"/> Cefoxitin<input type="checkbox"/> Cefpodoxime<input type="checkbox"/> Ceftaroline<input type="checkbox"/> Ceftazidime<input type="checkbox"/> Ceftazidime/avibactam<input type="checkbox"/> Ceftizoxime<input type="checkbox"/> Ceftolozane/tazobactam<input type="checkbox"/> Ceftriaxone<input type="checkbox"/> Cefuroxime<input type="checkbox"/> Cephalexin<input type="checkbox"/> Ciprofloxacin<input type="checkbox"/> Clarithromycin<input type="checkbox"/> Clindamycin<input type="checkbox"/> Dalbavancin<input type="checkbox"/> Daptomycin<input type="checkbox"/> Delafloxacin<input type="checkbox"/> Doripenem<input type="checkbox"/> Doxycycline<input type="checkbox"/> Ertapenem<input type="checkbox"/> Fidaxomicin<input type="checkbox"/> Fosfomicin<input type="checkbox"/> Gentamicin<input type="checkbox"/> Imipenem/cilastatin<input type="checkbox"/> Levofloxacin<input type="checkbox"/> Linezolid<input type="checkbox"/> Meropenem<input type="checkbox"/> Meropenem/vaborbactam<input type="checkbox"/> Metronidazole<input type="checkbox"/> Moxifloxacin<input type="checkbox"/> Nitrofurantoin<input type="checkbox"/> Oritavancin<input type="checkbox"/> Penicillin<input type="checkbox"/> Piperacillin/tazobactam<input type="checkbox"/> Polymyxin B<input type="checkbox"/> Polymyxin E (colistin)<input type="checkbox"/> Rifaximin<input type="checkbox"/> Tedizolid<input type="checkbox"/> Telavancin<input type="checkbox"/> Tigecycline<input type="checkbox"/> Tobramycin<input type="checkbox"/> Trimethoprim	<ul style="list-style-type: none"><input type="checkbox"/> Ampicillin<input type="checkbox"/> Ampicillin/sulbactam<input type="checkbox"/> Azithromycin<input type="checkbox"/> Aztreonam<input type="checkbox"/> Cefazolin<input type="checkbox"/> Cefdinir<input type="checkbox"/> Cefepime<input type="checkbox"/> Cefiderocol<input type="checkbox"/> Cefixime<input type="checkbox"/> Cefotaxime<input type="checkbox"/> Cefoxitin<input type="checkbox"/> Cefpodoxime<input type="checkbox"/> Ceftaroline<input type="checkbox"/> Ceftazidime<input type="checkbox"/> Ceftazidime/avibactam<input type="checkbox"/> Ceftizoxime<input type="checkbox"/> Ceftolozane/tazobactam<input type="checkbox"/> Ceftriaxone<input type="checkbox"/> Cefuroxime<input type="checkbox"/> Cephalexin<input type="checkbox"/> Ciprofloxacin<input type="checkbox"/> Clarithromycin<input type="checkbox"/> Clindamycin<input type="checkbox"/> Dalbavancin<input type="checkbox"/> Daptomycin<input type="checkbox"/> Delafloxacin<input type="checkbox"/> Doripenem<input type="checkbox"/> Doxycycline<input type="checkbox"/> Ertapenem<input type="checkbox"/> Eravacycline<input type="checkbox"/> Fidaxomicin<input type="checkbox"/> Fosfomicin<input type="checkbox"/> Gentamicin<input type="checkbox"/> Imipenem/cilastatin<input type="checkbox"/> Levofloxacin<input type="checkbox"/> Linezolid<input type="checkbox"/> Meropenem<input type="checkbox"/> Meropenem/vaborbactam<input type="checkbox"/> Metronidazole<input type="checkbox"/> Moxifloxacin<input type="checkbox"/> Nitrofurantoin<input type="checkbox"/> Omadacycline<input type="checkbox"/> Oritavancin<input type="checkbox"/> Penicillin<input type="checkbox"/> Piperacillin/tazobactam<input type="checkbox"/> Polymyxin B<input type="checkbox"/> Polymyxin E (colistin)<input type="checkbox"/> Rifaximin<input type="checkbox"/> Tedizolid<input type="checkbox"/> Telavancin
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<input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Vancomycin IV PO <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Tigecycline <input type="checkbox"/> Tobramycin <input type="checkbox"/> Trimethoprim <input type="checkbox"/> Trimethoprim/sulfamethoxazole <input type="checkbox"/> Vancomycin IV PO <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Other (specify): _____																		
24a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC? <ul style="list-style-type: none"> • Yes • No • Unknown 	25a. Did the patient have a positive test(s) for SARS-Cov-2 (molecular assay, serology or other confirmatory test) on or before the DISC? <ul style="list-style-type: none"> • Yes • No • Unknown 																		
24b. If yes, complete table below <table border="1" data-bbox="0 680 808 1186"> <thead> <tr> <th></th> <th>Specimen Collection date</th> <th>Test Type</th> </tr> </thead> <tbody> <tr> <td>FIRST positive test for SARS-Cov-2 on or before the DISC:</td> <td> ___/___/___ <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) </td> </tr> <tr> <td>MOST RECENT positive test for SARS-Cov-2 on or before the DISC:</td> <td> ___/___/___ <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) </td> </tr> </tbody> </table>		Specimen Collection date	Test Type	FIRST positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	25b. If yes, complete table below <table border="1" data-bbox="808 680 1619 1255"> <thead> <tr> <th></th> <th>Specimen Collection date</th> <th>Test Type</th> </tr> </thead> <tbody> <tr> <td>FIRST positive test for SARS-Cov-2 on or before the DISC:</td> <td> ___/___/___ <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) </td> </tr> <tr> <td>MOST RECENT positive test for SARS-Cov-2 on or before the DISC:</td> <td> ___/___/___ <input type="checkbox"/> Unknown </td> <td> <input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) </td> </tr> </tbody> </table>		Specimen Collection date	Test Type	FIRST positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)	MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)
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MOST RECENT positive test for SARS-Cov-2 on or before the DISC:	___/___/___ <input type="checkbox"/> Unknown	<input type="checkbox"/> Molecular assay <input checked="" type="checkbox"/> Antigen <input type="checkbox"/> Serology <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify)																	
24c. COVID-NET Case ID: _____	25c. COVID-NET Case ID: _____																		
24d. NNDSS IDs (Please provide at least one of the following when applicable): Local Case ID: _____ Local Record ID: _____ State Case Identifier: _____ Legacy Case Identifier: _____	25d. NNDSS IDs (Please provide at least one of the following when applicable): Local Case ID: _____ Local Record ID: _____ State Case Identifier: _____ Legacy Case Identifier: _____ CDC 2019-nCoV ID: _____																		
25a. Was the incident specimen polymicrobial? <ul style="list-style-type: none"> • Yes • No • Unknown 	26a. Was the incident specimen polymicrobial? <ul style="list-style-type: none"> • Yes • No • Unknown 																		
25b. What screening/confirmatory method was used for ESBL identification? <ul style="list-style-type: none"> • None • Unknown • Broth microdilution (ATI detection) • ESBL well • Expert rule (ATI flag) 	26b. What screening/confirmatory method was used for ESBL identification? <ul style="list-style-type: none"> • None • Unknown • Broth microdilution (ATI detection) • ESBL well • Expert rule (ATI flag) 																		

<ul style="list-style-type: none"> • Unknown • Broth Microdilution (Manual) • Disk Diffusion • E-test • Molecular test (specify) • Other non-molecular test (specify) 	<ul style="list-style-type: none"> • Unknown • Broth Microdilution (Manual) • Disk Diffusion • E-test • Molecular test (specify) • Other non-molecular test (specify)
<p>25c. If screening/confirmatory method was used, what was the result?</p> <ul style="list-style-type: none"> • Positive • Negative • Indeterminate • Unknown 	<p>26c. If screening/confirmatory method was used, what was the result?</p> <ul style="list-style-type: none"> • Positive • Negative • Indeterminate • Unknown
<p>27. Susceptibility results</p> <p>Antibiotic</p> <p>Amikacin Amoxicillin/Clavulanate Ampicillin Ampicillin/Sulbactam Aztreonam Cefazolin Cefepime Cefotaxime Cefoxitin Ceftazidime Ceftazidime/Avibactam Ceftolozane/Tazobactam Ceftriaxone Cephalothin Ciprofloxacin Colistin Doripenem Doxycycline Ertapenem Fosfomycin Gentamicin Imipenem Imipenem-relebactam Levofloxacin Meropenem Meropenem-vaborbactam Minocycline Nitrofurantoin Piperacillin/Tazobactam Plazomicin Polymyxin B Rifampin Tetracycline Tigecycline</p>	<p>27. Susceptibility results</p> <p>Antibiotic</p> <p>Amikacin Amoxicillin/Clavulanate Ampicillin Ampicillin/Sulbactam Aztreonam Cefazolin Cefepime Cefiderocol Cefotaxime Cefoxitin Ceftazidime Ceftazidime/Avibactam Ceftolozane/Tazobactam Ceftriaxone Cephalothin Ciprofloxacin Colistin Doripenem Doxycycline Eravacycline Ertapenem Fosfomycin Gentamicin Imipenem Imipenem-relebactam Levofloxacin Meropenem Meropenem-vaborbactam Minocycline Nitrofurantoin Omadacycline Piperacillin/Tazobactam Plazomicin Polymyxin B</p>

Tobramycin Trimethoprim-sulfamethoxazole Data source Medical record Microscan Vitek Phoenix Kirby-Bauer E-test	Rifampin Tetracycline Tigecycline Tobramycin Trimethoprim-sulfamethoxazole Data source Medical record Microscan Vitek Phoenix Sensititre Kirby-Bauer E-test
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3) Invasive MRSA Infection Case Report Form

2020 Paper CRF Question	Changes to the 2020 Paper CRF Question
34a. NNDSS IDs (please provide at least one of the following when applicable): Local case ID: _____ Local record ID: _____ State case Identifier: _____ Legacy case identifier: _____	34a. NNDSS IDs (please provide at least one of the following when applicable): CDC 2019 NCOV ID: _____ <i>(new data collection)</i> Local case ID: _____ Local record ID: _____ State case Identifier: _____ Legacy case identifier: _____

4) Invasive MSSA Infections Case Report Form

2020 Paper CRF Question	Changes to the 2020 Paper CRF Question
34a. NNDSS IDs (please provide at least one of the following when applicable): Local case ID: _____ Local record ID: _____ State case Identifier: _____ Legacy case identifier: _____	34a. NNDSS IDs (please provide at least one of the following when applicable): CDC 2019 NCOV ID: _____ <i>(new data collection)</i> Local case ID: _____ Local record ID: _____ State case Identifier: _____ Legacy case identifier: _____

5) CDI Case Report Form and Treatment Form

2020 CRF	2021 CRF
9. Positive diagnostic assay for <i>C.diff</i>	9. Diagnostic assay for <i>C.diff</i> (Reworded question. Change was noted on last year's application but mistakenly not changed on the CRF. Response options remain the same)

<p>40a. FIRST positive test for SARS-CoV-2 on or before the DISC – Test type</p> <ul style="list-style-type: none"> ▪ Molecular assay ▪ Serology ▪ Unknown ▪ Other, specify 	<p>40a. FIRST positive test for SARS-CoV-2 on or before the DISC – Test type</p> <ul style="list-style-type: none"> ▪ Antigen ▪ Molecular assay ▪ Serology ▪ Unknown ▪ Other, specify <p>(Added antigen as a response option, previously captured as “other”)</p>
<p>40a. Most recent positive test for SARS-CoV-2 on or before the DISC – Test type</p> <ul style="list-style-type: none"> ▪ Molecular assay ▪ Serology ▪ Unknown ▪ Other, specify 	<p>40a. Most recent positive test for SARS-CoV-2 on or before the DISC – Test type</p> <ul style="list-style-type: none"> ▪ Antigen ▪ Molecular assay ▪ Serology ▪ Unknown ▪ Other, specify <p>(Added antigen as a response option, previously captured as “other”)</p>
<p>41b. NNDSS IDs (please provide at least one of the following when applicable):</p> <p>Local Case ID:</p> <p>Local Record ID:</p> <p>State case identifier:</p> <p>Legacy case identifier:</p>	<p>41b. NNDSS IDs (please provide at least one of the following when applicable):</p> <p>Local Case ID:</p> <p>Local Record ID:</p> <p>State case identifier:</p> <p>Legacy case identifier:</p> <p>CDC 2019-nCoV ID:</p> <p>(Added one more NNDSS ID)</p>

6) Annual Survey of Laboratory Testing Practices for *C. difficile* Infections

Existing question	Modified question
[Section 1] Was this lab audited in 2019?	[Section 1] Was this lab audited in 2020? <i>(changed year to 2020 to reflect change in survey year)</i>
[Section 2] 5. What are the testing codes associated with the tests your lab currently uses?	[Section 2] 5. What are the LOINC or internal testing codes associated with the tests your lab currently uses (e.g. LOINC codes 13957-6, 34713-8, or 54067-4)? <i>(Clarified that we’re asking for LOINC or internal testing codes; added examples of LOINC codes)</i>
[Section 2] 6. Has your lab testing algorithm for <i>C. difficile</i> changed since January 1, 2019?	[Section 2] 6. Has your lab testing algorithm for <i>C. difficile</i> changed since January 1, 2020? <i>(changed year to 2020 to reflect change in survey year)</i>
[Section 2] 7a. Has your rejection policy for stool specimens changed since January 1, 2019?	[Section 2] 7a. Has your rejection policy for stool specimens changed since January 1, 2020? <i>(changed year to 2020 to reflect change in survey year)</i>

Interpretation

S S S S D D D I I R R NS NI NI ND ND

S S S S D D D I I R R NS NI NI ND ND

S S S S D D D I I R R NS NI NI ND ND

7) HAIC Candidemia Case Report

2020 CRF Question	2021 CRF Question
CANDIDEMIA 2020 CASE REPORT FORM (header)	CANDIDEMIA 2021 CASE REPORT FORM (header)
	<i>(changed year)</i>
Version: Short Form 2020, Last Updated: 07/9/2019 (footnotes)	Version: Short Form 2021, Last Updated: 07/21/2020 (footnotes)
	<i>(changed year and date)</i>
25. Antifungal susceptibility testing (check here <input type="checkbox"/> if no testing done/no test reports available):	25. Antifungal susceptibility testing (check here <input type="checkbox"/> if no testing done/no test reports available):
	<i>(removed "NS" as an option)</i>
26. Additional non-Candida organisms isolated from blood cultures on the day of or in the 6 days before the DISC:	29. Additional non-Candida organisms isolated from blood cultures on the day of or in the 6 days before the DISC:
1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown
	<i>(changed question number)</i>
26a. If yes, additional organisms (Enter up to 3 pathogens): _____, _____, _____	29a. If yes, additional organisms (Enter up to 3 pathogens): _____, _____, _____
	<i>(changed question number)</i>
27. Infection with Clostridioides difficile in the 90 days before or 30 days after the DISC:	30. Infection with Clostridioides difficile on the day of or in the 89 days before or 29 days after the DISC:
1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown
	<i>(changed question number and updated wording)</i>
27a. If yes, date of first C. diff diagnosis: _____ - _____ - _____ <input type="checkbox"/> Unknown	30a. If yes, date of first C. diff diagnosis: _____ - _____ - _____ <input type="checkbox"/> Unknown
	<i>(changed question number)</i>
28. Any subsequent positive Candida blood cultures	26. Any subsequent positive Candida blood

<p>in the 29 days after, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>	<p>cultures in the 29 days after, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(changed question number)</i></p>
<p>28a. If yes, provide dates of all subsequent positive <i>Candida</i> blood cultures and select the species:</p>	<p>26a. If yes, provide dates of all subsequent positive <i>Candida</i> blood cultures and select the species:</p> <p><i>(changed question number)</i></p>
<p>29. Documented negative <i>Candida</i> blood culture on the day of or in the 29 days after the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>	<p>27. Documented negative <i>Candida</i> blood culture on the day of or in the 29 days after the DISC (in which no blood cultures after this negative culture were positive in the 29 days after the DISC)?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(changed question number and updated the wording)</i></p>
<p>29a. If yes, date of negative blood culture:</p> <p>____ - ____ - ____</p>	<p>27a. If yes, date of negative blood culture:</p> <p>____ - ____ - ____</p> <p><i>(changed question number)</i></p>
<p><i>New question for 2021</i></p>	<p>28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(new data collection)</i></p>
<p><i>New question for 2021</i></p>	<p>28a. If yes, specify organisms (<i>Enter up to 3 pathogens</i>): _____, _____, _____</p> <p><i>(new data collection)</i></p>
<p>30. Did the patient have any of the following types of infection/colonization related to their <i>Candida</i> infection?</p> <p><i>(check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	<p>31. Did the patient have any of the following types of infection/colonization related to their <i>Candida</i> infection?</p> <p><i>(check all that apply):</i> <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>

- Abscess
 - Splenic
 - Liver
 - Pulmonary
 - Other (specify): _____
- Candiduria
- CNS involvement (meningitis, brain abscess)
- Eyes (endophthalmitis or chorioretinitis)
- Endocarditis
- Peritonitis
- Respiratory specimen with *Candida*
- Septic emboli
 - Lungs
- Brain
- Osteomyelitis
- Skin lesions
- Other (specify): _____

- Abdominal (*new data collection*)
 - Hepatobiliary or pancreatic (*new data collection*)
 - GI tract (*new data collection*)
 - Abscess (specify): _____ (*new data collection*)
 - Peritonitis/peritoneal fluid (*new data collection*)
 - Splenic (*new data collection*)
- Candiduria
- Esophagitis (*new data collection*)
- Oral/thrush (*new data collection*)
- Osteomyelitis
- Skin lesions/wounds
- Pulmonary (*new data collection*)
 - Abscess (*new data collection*)
 - Respiratory specimen with *Candida* (*new data collection*)
- CNS involvement (meningitis, brain abscess)
- Eyes (endophthalmitis or chorioretinitis)
- Endocarditis
 - Septic emboli (specify location): _____ (*new data collection*)
- Other (specify): _____

(changed question number, reorganized response options, removed some response options, new data collection for some response options)

31. Was the patient hospitalized on the day of or in the 6 days after the DISC?

1 Yes 0 No 9 Unknown

32. Was the patient hospitalized on the day of or in the 6 days after the DISC?

1 Yes 0 No 9 Unknown

(changed question number)

31a. If yes,

Date of first admission:

32a. If yes,

Date of first admission:

<p>_____ - _____ - _____ <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p>	<p>_____ - _____ - _____ <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p> <p><i>(changed question number)</i></p>
<p>31b. Was the patient transferred during this hospitalization? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p>If yes, enter up to two transfers:</p> <p>Date of transfer: _____ - _____ - _____ <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p> <p>Date of second transfer: _____ - _____ - _____ <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p>	<p>32b. Was the patient transferred during this hospitalization? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p>If yes, enter up to two transfers:</p> <p>Date of transfer: _____ - _____ - _____ <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p> <p>Date of second transfer: _____ - _____ - _____ <input type="checkbox"/> <input type="checkbox"/> Unknown</p> <p>Hospital ID: _____ <input type="checkbox"/> Unknown</p> <p><i>(changed question number)</i></p>
<p>32. Where was the patient located prior to admission?</p> <p>1 <input type="checkbox"/> Private residence</p> <p>3 <input type="checkbox"/> LTCF Facility ID: _____</p> <p>4 <input type="checkbox"/> LTACH Facility ID: _____</p> <p>5 <input type="checkbox"/> Homeless</p> <p>6 <input type="checkbox"/> Incarcerated</p> <p>7 <input type="checkbox"/> Other (specify): _____</p> <p>9 <input type="checkbox"/> Unknown</p>	<p>32c. Where was the patient located prior to admission or, if not hospitalized, where was the patient located on the 3rd calendar day before the DISC? (Check one)</p> <p>1 <input type="checkbox"/> Private residence</p> <p>2 <input type="checkbox"/> Hospital inpatient <i>(new option)</i> Facility ID: _____</p> <p>3 <input type="checkbox"/> LTCF Facility ID: _____</p> <p>4 <input type="checkbox"/> LTACH Facility ID: _____</p> <p>5 <input type="checkbox"/> Homeless</p> <p>6 <input type="checkbox"/> Incarcerated</p> <p>7 <input type="checkbox"/> Other (specify): _____</p> <p>9 <input type="checkbox"/> Unknown</p> <p><i>(changed question number, clarified the wording of the question and added a new location option)</i></p>
<p>40. Underlying conditions <i>(Check all that apply):</i></p> <p><input type="checkbox"/> Chronic Lung Disease</p>	<p>40. Underlying conditions <i>(Check all that apply):</i></p> <p><input type="checkbox"/> Chronic Lung Disease</p>

<input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Chronic Pulmonary disease <input type="checkbox"/> Chronic Metabolic Disease <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> With Chronic Complications <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> CVA/Stroke/TIA <input type="checkbox"/> Congenital Heart disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Peripheral Vascular Disease (PVD) <input type="checkbox"/> Gastrointestinal Disease <input type="checkbox"/> Diverticular disease <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Peptic Ulcer Disease <input type="checkbox"/> Short gut syndrome <input type="checkbox"/> Immunocompromised Condition <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS/CD4 count <200 <input type="checkbox"/> Primary Immunodeficiency <input type="checkbox"/> Transplant, Hematopoietic Stem Cell <input type="checkbox"/> Transplant, Solid Organ <input type="checkbox"/> Liver Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Ascites <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Hepatic Encephalopathy <input type="checkbox"/> Variceal Bleeding <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Treated, in SVR <input type="checkbox"/> Current, chronic <input type="checkbox"/> Malignancy <input type="checkbox"/> Malignancy, Hematologic <input type="checkbox"/> Malignancy, Solid Organ (non-metastatic)	<input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Chronic Pulmonary disease <input type="checkbox"/> Chronic Metabolic Disease <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> With Chronic Complications <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> CVA/Stroke/TIA <input type="checkbox"/> Congenital Heart disease <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Peripheral Vascular Disease (PVD) <input type="checkbox"/> Gastrointestinal Disease <input type="checkbox"/> Diverticular disease <input type="checkbox"/> Inflammatory Bowel Disease <input type="checkbox"/> Peptic Ulcer Disease <input type="checkbox"/> Short gut syndrome <input type="checkbox"/> Immunocompromised Condition <input type="checkbox"/> HIV infection <input type="checkbox"/> AIDS/CD4 count <200 <input type="checkbox"/> Primary Immunodeficiency <input type="checkbox"/> Transplant, Hematopoietic Stem Cell <input type="checkbox"/> Transplant, Solid Organ <input type="checkbox"/> Liver Disease <input type="checkbox"/> Chronic Liver Disease <input type="checkbox"/> Ascites <input type="checkbox"/> Cirrhosis <input type="checkbox"/> Hepatic Encephalopathy <input type="checkbox"/> Variceal Bleeding <input type="checkbox"/> Hepatitis B, chronic (<i>new option</i>) <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Treated, in SVR <input type="checkbox"/> Current, chronic <input type="checkbox"/> Hepatitis B, acute (<i>new option</i>) <input type="checkbox"/> Malignancy
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Malignancy, Solid Organ (metastatic)

Neurologic Condition

Cerebral palsy

Chronic Cognitive Deficit

Dementia

Epilepsy/seizure/seizure disorder

Multiple sclerosis

Neuropathy

Parkinson's disease

Other (specify): _____

Plegias/Paralysis

Hemiplegia

Paraplegia

Quadriplegia

Renal Disease

Chronic Kidney Disease

Lowest serum creatinine: _____ mg/DL

Unknown or not done

Skin Condition

Burn

Decubitus/Pressure Ulcer

Surgical Wound

Other chronic ulcer or chronic wound

Other (specify): _____

Other

Connective tissue disease

Obesity or morbid obesity

Pregnant

47. Surgeries on the day of or in the 89 days before the DISC:

Malignancy, Hematologic

Malignancy, Solid Organ (non-metastatic)

Malignancy, Solid Organ (metastatic)

Neurologic Condition

Cerebral palsy

Chronic Cognitive Deficit

Dementia

Epilepsy/seizure/seizure disorder

Multiple sclerosis

Neuropathy

Parkinson's disease

Other (specify): _____

Plegias/Paralysis

Hemiplegia

Paraplegia

Quadriplegia

Renal Disease

Chronic Kidney Disease

Lowest serum creatinine: _____ mg/DL

Unknown or not done

Skin Condition

Burn

Decubitus/Pressure Ulcer

Surgical Wound

Other chronic ulcer or chronic wound

Other (specify): _____

Other

Connective tissue disease

Obesity or morbid obesity

Pregnant

(added 2 new options for hepatitis indication under 'liver disease')

47. Surgeries in the 90 days before, not including the DISC:

<input type="checkbox"/> Abdominal surgery <input type="checkbox"/> Non-abdominal surgery (specify): _____ <input type="checkbox"/> No surgery	<input type="checkbox"/> Abdominal surgery (specify): _____ If yes: 1 <input type="checkbox"/> Open abdomen 0 <input type="checkbox"/> Laparoscopic 9 <input type="checkbox"/> Unknown <input type="checkbox"/> Non-abdominal surgery (specify): _____ <input type="checkbox"/> No surgery <i>(changed the question wording, added specification for "Abdominal surgery" and check box options under "Abdominal surgery" which is a new data collection)</i>
48. Pancreatitis on the day of or in the <u>89 days before</u> the DISC: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	48. Pancreatitis in the <u>90 days before</u>, not including the DISC: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown <i>(changed the question wording)</i>
49a. If yes, did the patient have any urinary tract procedures on the day of or in the <u>89 days before</u> the DISC? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown	49a. If yes, did the patient have any urinary tract procedures in the <u>90 days before</u>, not including the DISC? 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown <i>(changed the question wording)</i>
53. Did the patient have any of the following indwelling devices present in the 2 calendar days before, not including the DISC? <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Urinary Catheter/Device <input type="checkbox"/> Indwelling urethral <input type="checkbox"/> Suprapubic <input type="checkbox"/> Respiratory	53. Did the patient have any of the following indwelling devices or other devices present in the 2 calendar days before, not including the DISC? <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Urinary Catheter/Device <input type="checkbox"/> Indwelling urethral <input type="checkbox"/> Suprapubic <input type="checkbox"/> Respiratory

<input type="checkbox"/> ET/NT <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Abdominal drain (specify): _____ <input type="checkbox"/> Gastrostomy	<input type="checkbox"/> ET/NT <input type="checkbox"/> Tracheostomy <input type="checkbox"/> Invasive mechanical ventilation (<i>new data collection</i>) <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Abdominal drain (specify): _____ <input type="checkbox"/> Gastrostomy <i>(changed question wording, added a check box for this question)</i>
<p><i>New question for 2021</i></p>	<p>55. Did the patient receive any systemic steroids in the 30 days before, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(new question)</i></p>
<p>55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>	<p>56. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(changed the question number)</i></p>
<p>56. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?</p> <p>1 <input type="checkbox"/> Yes (<i>if Yes, fill out question 59</i>) 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>	<p>57. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?</p> <p>1 <input type="checkbox"/> Yes (<i>if Yes, fill out question 60</i>) 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(changed the question number)</i></p>
<p>57. Was the patient administered systemic antifungal medication after, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes (<i>if Yes, fill out question 59</i>) 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>	<p>58. Was the patient administered systemic antifungal medication after, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes (<i>if Yes, fill out question 60</i>) 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(changed the question number)</i></p>
<p>58. If antifungal medication was not given to treat current candidemia infection, what was the reason?</p>	<p>59. If antifungal medication was not given to treat current candidemia infection, what was the reason?</p>

<p>1 <input type="checkbox"/> Patient died before culture result available to clinicians</p> <p>2 <input type="checkbox"/> Comfort care only measures were instituted</p> <p>3 <input type="checkbox"/> Patient discharged before culture result available to clinician</p> <p>4 <input type="checkbox"/> Medical records indicated culture result not clinically significant</p> <p>5 <input type="checkbox"/> Other reason documented in medical records, specify: _____</p> <p>6 <input type="checkbox"/> Patient refused treatment against medical advice</p> <p>9 <input type="checkbox"/> Unknown</p>	<p>1 <input type="checkbox"/> Patient died before culture result available to clinicians</p> <p>2 <input type="checkbox"/> Comfort care only measures were instituted</p> <p>3 <input type="checkbox"/> Patient discharged before culture result available to clinician</p> <p>4 <input type="checkbox"/> Medical records indicated culture result not clinically significant or contaminated</p> <p>5 <input type="checkbox"/> Other reason documented in medical records, specify: _____</p> <p>6 <input type="checkbox"/> Patient refused treatment against medical advice</p> <p>9 <input type="checkbox"/> Unknown</p> <p><i>(changed question number, added additional clarification to one response)</i></p>
<p>59. ANTIFUNGAL MEDICATION</p>	<p>60. ANTIFUNGAL MEDICATION</p> <p><i>(changed question number)</i></p>
<p><i>New question for 2021</i></p>	<p>61. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of true of infection?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(new question)</i></p>
<p><i>New question for 2021</i></p>	<p>62. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p><i>(new question)</i></p>
<p><i>New question for 2021</i></p>	<p>1. Did the patient have a positive SARS-CoV-2 test result (molecular assay, serology, or other confirmatory test) from a specimen collected in the 30 days before the DISC or on the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>

	(new question)
New question for 2021	<p>1a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:</p> <p>Date: _____ 9 <input type="checkbox"/> Date Unknown</p> <p>(new question)</p>
New question for 2021	<p>1b. If yes, EIP COVID-NET Case ID: _____</p> <p>9 <input type="checkbox"/> Unknown <input type="checkbox"/> Out of EIP COVID-NET catchment area</p> <p>(new question)</p>
New question for 2021	<p>2. Did the patient receive invasive mechanical ventilation in the 30 days before the DISC, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p>(new question)</p>
New question for 2021	<p>3. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including the DISC?</p> <p>1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p> <p>(new question)</p>
New question for 2021	<p>4. If patient received any systemic steroids in the 30 days before the DISC, not including the DISC (question 55), are any of the following scenarios true? (check all that apply)</p> <p><input type="checkbox"/> Steroid(s) given as an outpatient medication</p> <p><input type="checkbox"/> Steroid(s) given during hospitalization associated with candidemia episode prior to Candida DISC</p> <p><input type="checkbox"/> Steroid(s) given as part of treatment/management for COVID-19</p>

	<i>(new question)</i>
New question for 2021	<p>5. Did the patient receive any of the following immunomodulatory drugs in the 30 days before the DISC, not including the DISC? (check all that apply)</p> <p> <input type="checkbox"/>None <input type="checkbox"/>Tocilizumab <input type="checkbox"/>Sarilumab <input type="checkbox"/>Baricitinib <input type="checkbox"/>Unknown </p> <p><i>(new question)</i></p>
New question for 2021	<p>5a. If yes (and patient had a positive SARS-CoV-2 test), were any of the immunomodulatory drugs given as part of treatment/management for COVID-19?</p> <p>1 <input type="checkbox"/>Yes 0 <input type="checkbox"/>No 9 <input type="checkbox"/>Unknown</p> <p><i>(new question)</i></p>

8) Laboratory Testing Practices for Candidemia Questionnaire

2020 CRF Question	2021 CRF Question
2020 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE (header)	<p>2021 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE (header)</p> <p><i>(changed year)</i></p>
New Question	<p>7) Does this laboratory offer yeast identification <u>either onsite or sent to another laboratory?</u></p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No (<i>----- If No, SKIP TO QUESTION 15 -----</i>) <input type="checkbox"/> Unknown (<i>is there another laboratory staff member who can assist with the questionnaire?</i>) </p> <p><i>(new data collection)</i></p>
New Question	<p>8) Where is yeast identification done? (check the most applicable)</p> <p><input type="checkbox"/> On-site, in the laboratory</p>

	<input type="checkbox"/> Sent to commercial lab <input type="checkbox"/> Sent to affiliated hospital lab <input type="checkbox"/> Sent to other local/regional, non-affiliated reference or public health laboratory <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown <i>(new data collection)</i>
New Instructions	Answer the following questions for the lab selected in question 8.
<p>7) How does your lab identify yeast? (check all that apply)</p> <input type="checkbox"/> MALDI-TOF Bruker (Biotyper) <input type="checkbox"/> MALDI-TOF bioMerieux (VITEK MS) <input type="checkbox"/> VITEK 2 <input type="checkbox"/> API 20C <input type="checkbox"/> DNA sequencing <input type="checkbox"/> PNA-FISH <input type="checkbox"/> BactiCard Candida <input type="checkbox"/> BD Phoenix <input type="checkbox"/> MicroScan <input type="checkbox"/> RapID Plus <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown	<p>9) How does this lab identify yeast? (check all that apply)</p> <input type="checkbox"/> MALDI-TOF Bruker (Biotyper) <input type="checkbox"/> MALDI-TOF bioMerieux (VITEK MS) <input type="checkbox"/> VITEK 2 <input type="checkbox"/> API 20C <input type="checkbox"/> DNA sequencing <input type="checkbox"/> PNA-FISH <input type="checkbox"/> BactiCard Candida <input type="checkbox"/> BD Phoenix <input type="checkbox"/> MicroScan <input type="checkbox"/> RapID Plus <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown <i>(changed question number, updated question wording)</i>
<p>8) Does your laboratory routinely use Chromagar for the identification or differentiation of <i>Candida</i> isolates?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p>10) Does this laboratory routinely use Chromagar for the identification or differentiation of <i>Candida</i> isolates?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

(changed question number, updated question wording)

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

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

- g. **Blood isolates**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown
- h. **Other normally sterile body site isolates**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown
- i. **Abdominal isolates**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown
- j. **Respiratory isolates**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown
- k. **Urine isolates**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown
- l. **Other (specify) _____**
 - Yes, reflexively
 - Yes, with clinician order
 - No
 - Unknown

(changed question number)

10) Does your laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?

- Yes (go to 10a)
- No (go to 11)
- Unknown

12) Does this laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?

- Yes (go to 12a)
- No (go to 13)
- Unknown

<p>a. If Yes, when did this lab first start using T2Candida Panel? Date (mm/dd/yyyy): ____/____/____</p> <p>b. If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?</p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with a clinical order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>c. If Yes, when did this lab first start using T2Candida Panel? Date (mm/dd/yyyy): ____/____/____</p> <p>d. If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?</p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with a clinical order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed question number, updated question wording, updated question numbers for proper skip logic in response options)</i></p>
<p>11) Does your laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood culture?</p> <p><input type="checkbox"/> Yes (go to 11a)</p> <p><input type="checkbox"/> No (go to 12)</p> <p><input type="checkbox"/> Unknown</p> <p>a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy): ____/____/____</p> <p>b. If yes, does this lab reflexively culture blood if you get a positive result on BioFire?</p> <p><input type="checkbox"/> Yes, reflexively</p> <p><input type="checkbox"/> Yes, with a clinical order</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>13) Does this laboratory employ the BioFire (FilmArray) to identify <i>Candida</i> from blood culture?</p> <p><input type="checkbox"/> Yes (go to 13a)</p> <p><input type="checkbox"/> No (go to 14)</p> <p><input type="checkbox"/> Unknown</p> <p>a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy): ____/____/____</p> <p>(Deleted 11b)</p> <p><i>(changed question number, updated question wording, updated question numbers for proper skip logic in response options, removed sub-question 11b)</i></p>
<p>12) If No for both Question 10 and 11, does this laboratory have plans to employ culture-independent diagnostics for <i>Candida</i> identification in the near future (e.g. T2Candida Panel, BioFire)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>14) If No for both Question 12 and 13, does this laboratory have plans to employ culture-independent diagnostics for <i>Candida</i> identification in the near future (e.g. T2Candida Panel, BioFire)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Not applicable</p>

<input type="checkbox"/> Not applicable (Yes to Q17 or Q18)	<p><i>(changed question number, updated question wording, updated response wording for 'not applicable')</i></p>
<p>13) Does your laboratory offer any antifungal susceptibility testing for <i>Candida</i>?</p> <p><input type="checkbox"/> Yes (Continue onto Page 2)</p> <p><input type="checkbox"/> No (-- If No, QUESTIONNAIRE COMPLETE---)</p> <p><input type="checkbox"/> Unknown (<i>is there another laboratory staff member who can assist with the questionnaire?</i>)</p>	<p>15) Does this laboratory offer any antifungal susceptibility testing for <i>Candida</i> <u>either onsite or sent to another laboratory</u>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (-- If No, QUESTIONNAIRE COMPLETE---)</p> <p><input type="checkbox"/> Unknown (<i>is there another laboratory staff member who can assist with the questionnaire?</i>)</p> <p><i>(changed question number, updated question wording, updated response wording for 'yes')</i></p>
<p>14) Where is antifungal susceptibility testing (AFST) done? (check all that apply)</p> <p><input type="checkbox"/> On-site, in the laboratory</p> <p><input type="checkbox"/> Sent to commercial lab</p> <p><input type="checkbox"/> Sent to affiliated hospital lab</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown</p>	<p>16) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)</p> <p><input type="checkbox"/> On-site, in the laboratory</p> <p><input type="checkbox"/> Sent to commercial lab</p> <p><input type="checkbox"/> Sent to affiliated hospital lab</p> <p><input type="checkbox"/> Sent to other local/regional, non-affiliated reference or public health laboratory (<i>new collection</i>)</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Unknown</p> <p><i>(changed question number, updated question wording, added additional response option)</i></p>
<p>New Instructions</p>	<p>Answer the following questions for the lab selected in question 16.</p>
<p>15) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Voriconazole</p>	<p>17) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):</p> <p><input type="checkbox"/> Fluconazole</p> <p><input type="checkbox"/> Voriconazole</p> <p><input type="checkbox"/> Itraconazole</p>

- Itraconazole
- Posaconazole
- Micafungin
- Anidulafungin
- Caspofungin
- Amphotericin B
- Flucytosine
- Other (specify) _____
- Unknown

- Posaconazole
- Micafungin
- Anidulafungin
- Caspofungin
- Amphotericin B
- Flucytosine
- Other (specify) _____
- Unknown

(changed question number)

16) 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. parapsilosis*
- C. glabrata*
- Other *Candida* spp.

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

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

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

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

(changed question number)

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

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

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

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

b. If categorical interpretation only, how

<p>a. If categorical interpretation only, how do you determine the categorical interpretation? (check all that apply)</p> <p><input type="checkbox"/> CLSI M27 S4</p> <p><input type="checkbox"/> CLSI M27 S3</p> <p><input type="checkbox"/> From manufacturer of MIC test</p> <p><input type="checkbox"/> Apply epidemiologic breakpoints</p> <p><input type="checkbox"/> Other _____</p>	<p>do you determine the categorical interpretation? (check all that apply)</p> <p><input type="checkbox"/> CLSI M27 S4</p> <p><input type="checkbox"/> CLSI M27 S3</p> <p><input type="checkbox"/> From manufacturer of MIC test</p> <p><input type="checkbox"/> Apply epidemiologic breakpoints</p> <p><input type="checkbox"/> Other _____</p> <p>(changed question number)</p>
<p>18) For what type of <i>Candida</i> isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)</p> <p><input type="checkbox"/> Blood isolates</p> <p><input type="checkbox"/> Other normally sterile body site isolates</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> No AFST performed automatically (requires order from a clinician)</p> <p><input type="checkbox"/> Unknown</p>	<p>20) For what type of <i>Candida</i> isolates is antifungal susceptibility testing (AFST) performed automatically/reflexively? (check all that apply)</p> <p><input type="checkbox"/> Blood isolates</p> <p><input type="checkbox"/> Other normally sterile body site isolates</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> No AFST performed automatically (requires order from a clinician)</p> <p><input type="checkbox"/> Unknown</p> <p>(changed question number)</p>
<p>19) How is AFST performed for the following <i>Candida</i> spp.?</p> <p>a. <i>C. albicans</i></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to 19ai)</p> <p><input type="checkbox"/> Performed with a clinician's order</p> <p><input type="checkbox"/> Not performed</p> <p>i. Drugs for which AFST is performed automatically/reflexively on <i>C. albicans</i> (check all that apply):</p> <p><input type="checkbox"/> Micafungin</p> <p><input type="checkbox"/> Anidulafungin</p> <p><input type="checkbox"/> Caspofungin</p> <p><input type="checkbox"/> Fluconazole</p>	<p>21) How is AFST performed for the following <i>Candida</i> spp.?</p> <p>a. <i>C. albicans</i></p> <p><input type="checkbox"/> Performed automatically/reflexively (Go to 21ai)</p> <p><input type="checkbox"/> Performed with a clinician's order (Go to 21ai)</p> <p><input type="checkbox"/> Not performed</p> <p>m. Drugs for which AFST is performed on <i>C. albicans</i> (check all that apply):</p> <p><input type="checkbox"/> Micafungin</p> <p><input type="checkbox"/> Anidulafungin</p> <p><input type="checkbox"/> Caspofungin</p> <p><input type="checkbox"/> Fluconazole</p>

Voriconazole

Amphotericin B

Other

Unknown

b. C. glabrata

Performed automatically/reflexively

(Go to 19bi)

Performed with a clinician's order

Not performed

j. Drugs for which AFST is performed automatically/reflexively on *C. glabrata* (check all that apply):

Miconazole

Anidulafungin

Caspofungin

Fluconazole

Voriconazole

Amphotericin B

Other

Unknown

c. C. parapsilosis

Performed automatically/reflexively

(Go to 19ci)

Performed with a clinician's order

Not performed

k. Drugs for which AFST is performed automatically/reflexively on *C. parapsilosis* (check all that apply):

Miconazole

Anidulafungin

Caspofungin

Fluconazole

Voriconazole

Voriconazole

Amphotericin B

Other

Unknown

b. C. glabrata

Performed automatically/reflexively

(Go to 21bi)

Performed with a clinician's order

(Go to 21bi)

Not performed

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

Miconazole

Anidulafungin

Caspofungin

Fluconazole

Voriconazole

Amphotericin B

Other

Unknown

c. C. parapsilosis

Performed automatically/reflexively

(Go to 21ci)

Performed with a clinician's order

(Go to 21ci)

Not performed

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

Miconazole

Anidulafungin

Caspofungin

Fluconazole

<input type="checkbox"/> Amphotericin B <input type="checkbox"/> Other <input type="checkbox"/> Unknown <p>d. <u>Other Candida spp.</u></p> <input type="checkbox"/> Performed automatically/reflexively <i>(Go to 19di)</i>	<input type="checkbox"/> Voriconazole <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<input type="checkbox"/> Performed with a clinician's order <input type="checkbox"/> Not performed <p>i. <u>Drugs for which AFST is performed automatically/reflexively on other Candida spp.(check all that apply):</u></p> <input type="checkbox"/> Micafungin <input type="checkbox"/> Anidulafungin <input type="checkbox"/> Caspofungin <input type="checkbox"/> Fluconazole <input type="checkbox"/> Voriconazole <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Other <input type="checkbox"/> Unknown	<p>d. <u>Other Candida spp.</u></p> <input type="checkbox"/> Performed automatically/reflexively <i>(Go to 21di)</i>
	<input type="checkbox"/> Performed with a clinician's order <i>(Go to 21di)</i>
	<input type="checkbox"/> Not performed
	<p>p. <u>Drugs for which AFST is performed on other Candida spp.(check all that apply):</u></p> <input type="checkbox"/> Micafungin <input type="checkbox"/> Anidulafungin <input type="checkbox"/> Caspofungin <input type="checkbox"/> Fluconazole <input type="checkbox"/> Voriconazole <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Other <input type="checkbox"/> Unknown <p><i>(changed question number, changed skip logic question numbers in response options, updated question wording)</i></p>

9) Invasive *Staphylococcus aureus* (iSA) Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

2020 Survey Question	Proposed Changes Survey Question
1. Do you set up culture for sterile sites (blood, CSF, bone, etc.) for <i>Staphylococcus aureus</i> on site (in-house at your laboratory)? <input type="checkbox"/> Yes - GO TO Q2 <input type="checkbox"/> No	1. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house at your laboratory)? <input type="checkbox"/> Yes - GO TO Q2 <input type="checkbox"/> No - GO TO Q3 <i>(updated question wording and skip pattern)</i>

<p>1a. [if no] To which laboratory do you send sterile specimens for <i>Staphylococcus aureus</i> culture?</p>	<p>1a. [if no] To which laboratory do you send sterile specimens for culture/identification? <i>(updated question wording)</i></p>
	<p>2. Is <i>S. aureus</i> or MRSA routinely identified via culture-based methods on site (in-house) at your laboratory? <input type="checkbox"/> Yes - GO TO Q3 <input type="checkbox"/> No <i>(added question)</i></p>
	<p>2a. [if no] To which laboratory do you send cultures for <i>S. aureus</i> identification? _____ <i>(added question)</i></p>
<p>2. Do you run any culture independent diagnostic tests (CIDT) for detection of <i>S. aureus</i> or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture? <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO Q2d</p>	<p>3. Do you routinely run any culture independent diagnostic tests (CIDT) on site or at another lab for detection of <i>S. aureus</i> or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture? <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO Q3d <i>(updated question number, wording, and skip pattern)</i></p>
<p>2a. [If yes] Do you run the CIDT on site or send out to another lab? <input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____</p>	<p>3a. [If yes] Where is CIDT testing completed? <input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____ - GO TO Q3c <i>(updated question number, wording, and skip pattern)</i></p>
<p>2b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p><input type="checkbox"/> FilmArray® Blood Culture Identification Panel..Date started_____</p> <p><input type="checkbox"/> Verigene® Gram-Positive Blood Culture Test...Date started_____</p> <p><input type="checkbox"/> Verigene® Staphylococcus Blood Culture Test...Date started_____</p> <p><input type="checkbox"/> Cepheid Xpert® MRSA/SA BC...Date started_____</p> <p><input type="checkbox"/> BD Geneohm® StaphSR...Date started_____</p> <p><input type="checkbox"/> AdvanDx Staphylococcus QuickFISH blood culture kit...Date started_____</p> <p><input type="checkbox"/> AdvanDx <i>S. aureus</i>/CNS PNA FISH...Date started_____</p> <p><input type="checkbox"/> Alere BinaxNOW® <i>Staphylococcus aureus</i> test...Date started_____</p> <p><input type="checkbox"/> Great Basin Staph ID/R blood culture panel...Date started_____</p> <p><input type="checkbox"/> T2Bacteria® Panel...Date started_____</p> <p><input type="checkbox"/> Accelerate PhenoTest™ BC kit...Date started_____</p> <p><input type="checkbox"/> iCubate iC-GPC Assay™...Date started_____</p>	<p>3b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p><input type="checkbox"/> FilmArray® Blood Culture Identification Panel..Date started_____</p> <p><input type="checkbox"/> Verigene® Gram-Positive Blood Culture Test...Date started_____</p> <p><input type="checkbox"/> Verigene® Staphylococcus Blood Culture Test...Date started_____</p> <p><input type="checkbox"/> Cepheid Xpert® MRSA/SA BC...Date started_____</p> <p><input type="checkbox"/> BD Geneohm® StaphSR...Date started_____</p> <p><input type="checkbox"/> AdvanDx Staphylococcus QuickFISH blood culture kit...Date started_____</p> <p><input type="checkbox"/> AdvanDx <i>S. aureus</i>/CNS PNA FISH...Date started_____</p> <p><input type="checkbox"/> Alere BinaxNOW® <i>Staphylococcus aureus</i> test...Date started_____</p> <p><input type="checkbox"/> Great Basin Staph ID/R blood culture panel...Date started_____</p> <p><input type="checkbox"/> T2Bacteria® Panel...Date started_____</p> <p><input type="checkbox"/> Accelerate PhenoTest™ BC kit...Date started_____</p> <p><input type="checkbox"/> iCubate iC-GPC Assay™...Date started_____</p>

<p>_____</p> <p><input type="checkbox"/> mecA XpressFISH® ...Date started _____</p> <p><input type="checkbox"/> Micacom hemoFISH Masterpanel ... Date started _____</p> <p>_____</p> <p><input type="checkbox"/> ePlex BCID-GP Panel ... Date started _____</p> <p><input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)... Date started _____</p> <p><input type="checkbox"/> Other commercial test, Specify _____...Date started _____</p>	<p>_____</p> <p><input type="checkbox"/> mecA XpressFISH® ...Date started _____</p> <p><input type="checkbox"/> Micacom hemoFISH Masterpanel ... Date started _____</p> <p>_____</p> <p><input type="checkbox"/> ePlex BCID-GP Panel ... Date started _____</p> <p><input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)... Date started _____</p> <p><input type="checkbox"/> Other commercial test, Specify _____...Date started _____</p> <p><i>(updated question number)</i></p>
<p>2c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for <i>S. aureus</i> or MRSA? <input type="checkbox"/> Yes <input type="checkbox"/> No - GO to Q3</p>	<p>3c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for <i>S. aureus</i> or MRSA? <input type="checkbox"/> Yes <input type="checkbox"/> No - GO to Q4</p> <p><i>(updated question number and skip pattern)</i></p>
<p>2d. [If no] Do you plan to start offering any CIDTs for <i>S. aureus</i> or MRSA within the next year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - END SURVEY</p>	<p>3d. [If no] Do you plan to start offering any CIDTs for <i>S. aureus</i> or MRSA within the next year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - END SURVEY</p> <p><i>(updated question number)</i></p>
<p>2e. When do you plan to start offering culture independent diagnostic tests?</p> <p>Month/Year: ____/____</p>	<p>3e. When do you plan to start offering CIDTs?</p> <p>Month/Year: ____/____</p> <p><i>(updated question number and wording)</i></p>
	<p>3f. Where do you plan to have CIDT tested?</p> <p><input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____ - END SURVEY</p> <p><i>(added question)</i></p>
<p>3. How does your lab use the CIDT for detection of <i>S. aureus</i> or MRSA? (select one)</p> <p><input type="checkbox"/> Test concurrently with culture</p> <p><input type="checkbox"/> Reflex to culture after positive by CIDT panel</p> <p><input type="checkbox"/> Only run CIDT panel, no additional testing is done</p> <p><input type="checkbox"/> Other, specify _____</p>	<p>4. How does your lab use the CIDT for detection of <i>S. aureus</i> or MRSA? (select one)</p> <p><input type="checkbox"/> Test concurrently with culture</p> <p><input type="checkbox"/> Reflex to culture after positive by CIDT panel</p> <p><input type="checkbox"/> Only run CIDT panel, no additional testing is done</p> <p><input type="checkbox"/> Other, specify _____</p> <p><i>(updated question number)</i></p>
	<p>Comments</p> <p><i>(added comments field)</i></p>