

**2021 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE****1) What kind of laboratory is this facility? (select one)**

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

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

- Yes  No  Unknown

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

- Yes  No  Unknown

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

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

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

Specify number: \_\_\_\_\_  Unknown

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

Specify number: \_\_\_\_\_  Unknown

**YEAST IDENTIFICATION****7) Does this laboratory offer yeast identification either onsite or sent to another laboratory?**

- Yes  
 No (----- If No, SKIP TO QUESTION 15 -----)  
 Unknown (is there another laboratory staff member who can assist with the questionnaire?)

**8) Where is yeast identification done? (check the most applicable)**

- On-site, in the laboratory  
 Sent to commercial lab  
 Sent to affiliated hospital lab  
 Sent to other local/regional, non-affiliated reference or public health laboratory  
 Other \_\_\_\_\_  
 Unknown

**Answer the following questions for the lab selected in question 8.****9) How does this lab identify yeast? (check all that apply)**

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

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

- Yes  No  Unknown

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

- Yes, reflexively  Yes, with clinician order  No  Unknown

**b. Other normally sterile body site isolates**

Yes, reflexively       Yes, with clinician order       No       Unknown

**c. Abdominal isolates**

Yes, reflexively       Yes, with clinician order       No       Unknown

**d. Respiratory isolates**

Yes, reflexively       Yes, with clinician order       No       Unknown

**e. Urine isolates**

Yes, reflexively       Yes, with clinician order       No       Unknown

**f. Other (specify) \_\_\_\_\_**

Yes, reflexively       Yes, with clinician order       No       Unknown

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

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

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

**b. If Yes, does this lab culture blood if you get a positive result on T2Candida Panel?**

Yes, reflexively       No  
 Yes, with a clinical order       Unknown

**13) Does this laboratory employ the BioFire (FilmArray) to identify *Candida* from blood culture?**

Yes (go to 13a)       No (go to 14)       Unknown

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

**14) If No for both Question 12 and 13, does this laboratory have plans to employ culture-independent diagnostics for *Candida* identification in the near future (e.g. T2Candida Panel, BioFire)?**

Yes       Unknown  
 No       Not applicable

**ANTIFUNGAL SUSCEPTIBILITY TESTING****15) Does this laboratory offer any antifungal susceptibility testing for *Candida* either onsite or sent to another laboratory?**

Yes  
 No (----- If No, QUESTIONNAIRE COMPLETE -----)  
 Unknown (is there another laboratory staff member who can assist with the questionnaire?)

**16) Where is antifungal susceptibility testing (AFST) done? (check the most applicable)**

On-site, in the laboratory  
 Sent to commercial lab  
 Sent to affiliated hospital lab  
 Sent to other local/regional, non-affiliated reference or public health laboratory  
 Other \_\_\_\_\_  
 Unknown

**Answer the following questions for the lab selected in question 16.****17) Is antifungal susceptibility testing available for any of the following antifungal drugs (check all that apply):**

Fluconazole       Caspofungin  
 Voriconazole       Amphotericin B  
 Itraconazole       Flucytosine  
 Posaconazole       Other (specify) \_\_\_\_\_  
 Micafungin       Unknown  
 Anidulafungin

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

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

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

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

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

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

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

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

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

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

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

**a. *C. albicans***

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

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

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Micafungin    | <input type="checkbox"/> Fluconazole    | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Anidulafungin | <input type="checkbox"/> Voriconazole   | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Caspofungin   | <input type="checkbox"/> Amphotericin B |                                  |

**b. *C. glabrata***

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

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

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Micafungin    | <input type="checkbox"/> Fluconazole    | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Anidulafungin | <input type="checkbox"/> Voriconazole   | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Caspofungin   | <input type="checkbox"/> Amphotericin B |                                  |

**c. *C. parapsilosis***

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

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

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Micafungin    | <input type="checkbox"/> Fluconazole    | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Anidulafungin | <input type="checkbox"/> Voriconazole   | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Caspofungin   | <input type="checkbox"/> Amphotericin B |                                  |

