

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) How does this laboratory meet proficiency testing requirements for yeast identification?

- Commercial provider (specify) _____
 Internal alternate assessments (specify) _____

13) Does this laboratory employ culture-independent diagnostic tests (CIDT) to identify *Candida* from blood specimens?

Yes (got to q14) No (got to q17) Unknown

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

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

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

b. 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

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

Yes (go to 15a) No (go to 16) Unknown

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

b. If Yes, does this lab reflexively culture blood if you get a positive result on BioFire?

Yes, reflexively No
 Yes, with a clinical order Unknown

16) Does this laboratory employ any other CIDTs to identify *Candida* from blood specimens?

Yes (specify) _____ No Unknown

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

Yes (specify) _____ Unknown
 No Not applicable

ANTIFUNGAL SUSCEPTIBILITY TESTING**18) 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?)

19) 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.

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

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

21) 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. |

22) How does this laboratory meet proficiency testing requirements for antifungal susceptibility testing, if performed?

- Commercial provider (specify) _____
 Internal alternate assessments (specify) _____

23) 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 | |

24) 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) _____ | |

25) 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):

- Micafungin
- Anidulafungin
- Caspofungin

- Fluconazole
- 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

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 | |

d. Other Candida spp.

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

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

- | | | |
|--|---|----------------------------------|
| <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 | |

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