

- 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):

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

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 -----