CDC's Healthcare-Associated Infections Community Interface (HAIC) *Staphylococcus aureus* Laboratory Survey: Use of Nucleic Acid Amplification Testing (NAAT)

Form approved
OMB No. 0920-0978
Expires xx/xx/xxxx

Date Survey Completed: _____ EIP Site: _____ Completed by: _____

Hospital/Lab ID: _____ Lab contact to complete the survey (name/title): _____

□ Lab did not respond – END SURVEY

1. Type of laboratory
   - ☐ Hospital laboratory
   - ☐ Commercial or private reference laboratory
   - ☐ State or local public health laboratory
   - ☐ Other, please specify_____

2. During the past year, has your lab changed testing methods used to detect any of the following pathogens:

	Yes	**No**	**Not applicable/ no surveillance**
MRSA only	☐	☐	☐
All *Staphylococcus aureus*	☐	☐	☐

2a. If yes when did the change occur?
MRSA (i.e., not for MSSA) (Month/year of change) _____/_____
Staphylococcus aureus (i.e., both MRSA and MSSA) (Month/year of change) _____/_____

***Staphylococcus aureus* (methicillin-sensitive and methicillin-resistant)**

1. Do you routinely set up culture for sterile sites (blood, CSF, bone, etc.) on site (in-house) at your laboratory?

   ☐ Yes - GO TO Q2 ☐ No – GO TO Q3

   1a. [If no] To which laboratory do you send sterile specimens for culture/identification?

   _____

2. Is *S. aureus* or MRSA routinely identified via culture-based methods on site (in-house) at your laboratory?

   ☐ Yes - GO TO Q3 ☐ No

   2a. [If no] To which laboratory do you send cultures for *S. aureus* identification?

   _____

3. Do you routinely run any culture independent diagnostic tests (CIDT) on site or at another lab for detection of *S. aureus* or MRSA either directly from a sterile source (CSF, Blood, etc.) or from a positive blood culture?

   ☐ Yes ☐ No - GO TO Q3d

   3a. [If yes] Where is CIDT testing completed?

   □ On-site □ Send out, please specify lab _____ - GO TO Q3c

–IMPORTANT – PLEASE COMPLETE THE BACK OF THIS FORM –

3b. Which CIDTs do you use (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.

☐ FilmArray® Blood Culture Identification Panel..Date started_____

☐ Verigene® Gram-Positive Blood Culture Test…Date started__ _____

☐ Verigene® Staphylococcus Blood Culture Test…Date started_____

☐ Cepheid Xpert® MRSA/SA BC…Date started_____

☐ BD Geneohm® StaphSR…Date started_____

☐ AdvanDx Staphylococcus QuickFISH blood culture kit…Date started_____

☐ AdvanDx S. aureus/CNS PNA FISH…Date started_____

☐ Alere BinaxNOW® *Staphylococcus aureus* test…Date started_____

☐ Great Basin Staph ID/R blood culture panel…Date started_____

☐ T2Bacteria® Panel…Date started_____

☐ Accelerate PhenoTest™ BC kit…Date started _____

☐ iCubate iC-GPC Assay™…Date started _____

☐ mecA XpressFISH® …Date started _____

☐ Micacom hemoFISH Masterpanel … Date started _____

☐ ePlex BCID-GP Panel … Date started _____

☐ Other, Lab Developed Test (detects MRSA or SA)… Date started _____

☐ Other commercial test, Specify_____...Date started_____

3c. [If using any of the above tests on sterile site specimens] Do you still obtain an isolate for *S. aureus* or MRSA?

□ Yes □ No - GO to Q4

3d. [If no] Do you plan to start offering any CIDTs for *S. aureus* or MRSA within the next year?

☐ Yes ☐ No – END SURVEY

3e. When do you plan to start offering CIDTs?

Month/Year: ____/____

3f. Where do you plan to have CIDT tested?

□ On-site □ Send out, please specify lab _____ - END SURVEY

4. How does your lab use the CIDT for detection of *S. aureus* or MRSA? (select one)

☐ Test concurrently with culture

☐ Reflex to culture after positive by CIDT panel

☐ Only run CIDT panel, no additional testing is done

□ Other, specify _____

Comments:

END SURVEY