

2022 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

- 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):

- Micafungin
 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

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

- Micafungin
 Anidulafungin
 Caspofungin

- Fluconazole
 Voriconazole
 Amphotericin B

- Other
 Unknown

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):

- Micafungin
 Anidulafungin
 Caspofungin

- Fluconazole
 Voriconazole
 Amphotericin B

- Other
 Unknown

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