

2024 LABORATORY TESTING PRACTICES FOR CANDIDEMIA QUESTIONNAIRE**1) What kind of laboratory is this? (select one)**

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

2) Does this laboratory 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 fungal cultures ordered and performed annually in your laboratory for any specimen type?

Specify number: _____ Unknown

6) What is the approximate volume of fungal blood cultures ordered and 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 18** -----)
 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 chromogenic agar 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, always Yes, with clinician order No Unknown

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

- On-site, in the laboratory (go to Q20)
- Sent to commercial lab (----- *If not an on-site laboratory, QUESTIONNAIRE COMPLETE* -----)
- 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 19.

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, excluding Amphotericin B? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Broth microdilution with laboratory developed plates | <input type="checkbox"/> Vitek (bioMerieux) |
| <input type="checkbox"/> YeastOne (Thermo Scientific™ Sensititre™) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gradient diffusion (E test) | <input type="checkbox"/> Unknown |

22) What methods are used for AFST of Amphotericin B? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Broth microdilution with laboratory developed plates | <input type="checkbox"/> Vitek (bioMerieux) |
| <input type="checkbox"/> YeastOne (Thermo Scientific™ Sensititre™) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gradient diffusion (E test) | <input type="checkbox"/> Unknown |

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

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

24) How are results of AFST reported when breakpoints are available? (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 |

25) How are results of AFST reported when breakpoints aren't available? (select one)

- MIC only Epidemiological cutoff values (ECVs)
- Unknown

26) For what type of *Candida* isolates is antifungal susceptibility testing (AFST) performed automatically? (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) _____ | |

