

**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) _____                     |  |

