

2025 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 9240
 BacT/Alert 3D Bactec FX
 VersaTREK Other (specify) _____

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 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 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

- b. Other normally sterile body site isolates
 - Yes, always
 - Yes, with clinician order
 - No
 - Unknown
- c. Abdominal isolates
 - Yes, always
 - Yes, with clinician order
 - No
 - Unknown
- d. Respiratory isolates
 - Yes, always
 - Yes, with clinician order
 - No
 - Unknown
- e. Urine isolates
 - Yes, always
 - Yes, with clinician order
 - No
 - Unknown
- f. Other (specify) _____
 - Yes, always
 - Yes, with clinician order
 - No
 - Unknown

12) How does this laboratory meet proficiency testing requirements for yeast identification?

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

13) Does this laboratory employ molecular tests to identify *Candida* from blood specimens?

- Yes (go to Q13a)
- No (go to Q14)
- Unknown

a. If Yes, check all molecular tests that apply and indicate when this laboratory first started using that molecular test.

Molecular Test	Date Lab Started using Test (mm/dd/yyyy):
<input type="checkbox"/> T2Candida Panel	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> BioFire (FilmArray)	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> GenMark	____/____/____ <input type="checkbox"/> Unknown
<input type="checkbox"/> Other (specify): _____	____/____/____ <input type="checkbox"/> Unknown

b. If Yes to any of the above molecular tests and a positive result is observed, does this laboratory culture the blood to obtain an isolate?

- Yes, always
- Yes, with a clinical order
- No
- Unknown

14) If No for Question 13, does this laboratory have plans to employ molecular tests for *Candida* identification in the near future (e.g., T2Candida Panel, BioFire, GenMark)?

- Yes (specify) _____
- No
- Unknown
- Not applicable

ANTIFUNGAL SUSCEPTIBILITY TESTING

15) Does this laboratory offer any antifungal susceptibility testing (AFST) for *Candida* (either onsite or sent to another laboratory)?

- Yes
- No (----- If No, QUESTIONNAIRE COMPLETE -----)
- Unknown (is there another laboratory staff member who can assist with the questionnaire?)

16) Where is AFST done? (check the most applicable)

- On-site, in the laboratory (go to Q17)
- 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 16.

17) Is AFST 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 checked="" type="checkbox"/> Rezafungin |
| <input type="checkbox"/> Micafungin | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Anidulafungin | <input type="checkbox"/> Unknown |

18) 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"/> Vitek2 (bioMerieux) |
| <input type="checkbox"/> YeastOne (Thermo Scientific™ Sensititre™) | <input checked="" type="checkbox"/> Disk diffusion |
| <input type="checkbox"/> Gradient diffusion (E test) | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Unknown |

19) 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"/> Vitek2 (bioMerieux) |
| <input type="checkbox"/> YeastOne (Thermo Scientific™ Sensititre™) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Gradient diffusion (E test) | <input type="checkbox"/> Unknown |

20) How does this laboratory meet proficiency testing requirements for AFST, if performed?

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

21) 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 |

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

- MIC only Epidemiological cutoff values (ECVs)
- Unknown

23) For what type of *Candida* isolates is 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) _____ | |

24) When is AFST performed for the following *Candida* spp.?

a. *C. albicans*

- Performed automatically (Go to 24ai)
- Performed with a clinician's order (Go to 24aj)
- 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 | |

