## 2. Project Implementation and Referral Network/Surveillance Activities

Record ID	
Name of Recipient Organization:	
FORM 2.) PROJECT IMPLEMENTATION AND REFER (PROJECT PARTNER/HEALTHCARE FACILITY/LABO	
The following questions are related to project in referral network and surveillance practices at Enlaboratory that is participating in this organizat project. Please complete one form per partner, with projects in multiple countries or engaged with the projects in multiple countries or engaged with the projects in multiple countries or engaged with the projects in multiple countries will be asked to speciform.	ACH hospital, health care facility (HCF) and/or ion's Global AR Lab & Response Network HCF/hospital, and/or laboratory. Recipients with multiple partners or
Name of partner* or project site (HCF or laboratory):  *We are defining "partner" broadly to include partners [pilot_recipname] regularly collaborates with or engages aspart of the activities for this project. This can include national and sub-national level government ministries; individual healthcare facilities, hospitals and/or individual laboratories; academic partners; other non-governmental organizations (NGOs); etc.).	
Is this partner a laboratory or HCF/hospital with lab?	○ Yes ○ No
2. Select the option that best describes this partner:	<ul> <li>Government ministry (national or sub-national)</li> <li>Private Industry</li> <li>Academic Institution</li> <li>NGO</li> <li>Other (specify):</li> </ul>
2. Select the option that best describes the laboratory or healthcare facility site:	<ul> <li>State or provincial level</li> <li>District, town or local level site</li> <li>Other (specify):</li> <li>(If unknown, enter 'N/A')</li> </ul>
3. Partner or laboratory/HCF location (e.g., name of district/province, etc.):	(If none or unknown, enter 'N/A')

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4. Country:		
	(If none or unknown, enter 'N/A')	
5. List project contribution(s) from this partner and/or laboratory site:		
(e.g., equipment and supplies procured; trainings provided; isolates collected and submitted; etc.)	(If none or unknown, enter 'N/A')	
SECTION 1: PROJECT IMPLEMENTATION PHASE		
6. Select the implementation phase that best describes the project as it currently stands with this partner or site:	<ul> <li>Exploration</li> <li>Initiation</li> <li>Initial Implementation</li> <li>Full Implementation</li> <li>Expansion/Scale-Up</li> <li>Reduction/Scale Down</li> </ul>	
<ul><li>a. Exploration - Engaging stakeholders to identify 1.</li><li>need(s); and 2. appropriate steps to address gaps or enhance activities</li></ul>	○ 1.000001, 0.00100 Delivi	
b. Initiation - Project planning; consensus reached with stakeholders regarding project sites, objectives, and activities, as well as timeline for implementation		
c. Initial Implementation - Beginning stages of project implementation at selected sites including:		
Collection of baseline data; Establishing new practices/protocols; Supply/equipment procurement; Recruitment/hiring of locally based staff; etc. d. Full Implementation - Majority of project activities have been rolled out and routinely monitored		
e. Expansion/Scale-Up - Increasing the number of sites targeted for project activities		
f. Reduction/Scale Down - Decreasing the number of sites targeted for project activities or scaling down scope of activities		
Please use this space to provide any additional context or information about project implementation phase with this partner or site.		
SECTION 2: LABORATORY NETWORK ACTIVITIES (only for lab or HCF/hospital level sites)		
7. Does this site participate in a laboratory network or referral network?	<ul><li>Yes</li><li>No</li><li>Don't Know</li><li>Does not apply</li></ul>	
8. Has this site agreed to (or is it required to) submit or forward isolates?	<ul><li>Yes</li><li>No</li><li>Don't Know</li><li>Other (specify):</li></ul>	

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9. Which of the following testing methods are routinely performed at this laboratory or HCF site? (Select all that apply)	<ul> <li>☐ Culturing</li> <li>☐ Antimicrobial Susceptibility Testing (AST) (e.g., e test, disk diffusion, broth microdilution)</li> <li>☐ Phenotypic Testing (e.g., MALDI-TOF, Vitek2, API, etc.)</li> <li>☐ Genotypic Testing/ Polymerase chain reaction (PCR) - Describe test methods, including targets and any automated platforms</li> <li>☐ Sequencing (e.g., WGS, short-read Illumina, long-read ONT, direct amplicon sequencing, NGS, etc.)</li> <li>☐ Other (specify):</li> <li>☐ Unknown</li> <li>☐ None of these</li> </ul>
a. Culturing	
i. Testing methods performed	
ii. Total testing volume (during current budget period):	
iii. Total number of personnel that received training in culturin	g:
b. Antimicrobial Susceptibility Testing (AST and AFST) (e.g., e te	est, disk diffusion, broth microdilution)
i. Testing methods performed	
ii. Total testing volume (during current budget period):	
iii. Total number of personnel that received training in culturin	g:
c. Phenotypic Testing (e.g., MALDI-TOF, Vitek2, API, etc.)	
i. Testing methods performed	
ii. Total testing volume (during current budget period):	
iii. Total number of personnel that received training in phenot	pyic testing (during current budget period):

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d. Genotypic Testing/ Polymerase chain reaction (PCR) - Describe test methods, including targets and any automated platforms		
i. Testing methods performed, including targets and any automated platforms		
ii. Total testing volume (during current budget period):		
iii. Total number of personnel that received training in this testing method:		
e. Sequencing (e.g., WGS, short-read Illumina, long-read ONT, direct amplicon sequencing, NGS, etc.)		
i. Testing methods performed, including targets and any automated platforms		
ii. Total testing volume (during current budget period):		
iii. Total number of personnel that received training in this testing method:		
iv. Total numbe rof personnel trained to perform bioinformatics analysis of WGS data:		
v. Describe the bioinformatics pipelines being utilized to analyze data:		
f. Other Testing Method		
i. Testing methods performed		
ii. Total testing volume (during current budget period):		
iii. Total number of personnel that received training in this testing method:		

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10. Does this site have a program or any activities that focus on retaining staff with institutional and technical knowledge once they are trained on any of the testing methods listed previously?	<ul><li>Yes</li><li>No</li><li>Don't Know</li><li>Does not apply</li></ul>
10.a. If yes, please describe:	
11. Describe how laboratory data and results are managed and what platform (e.g., Laboratory Information Management System (LIMS), etc.) is used for data management at this laboratory/facility.  Where applicable, describe data management in the field or at point of collection (e.g., environmental surveillance sites, etc.) as well as in the lab.	

Thank you for completing this form. Please be sure that Form 1 is completed as well.

For any assistance, please email GARLRN@cdc.gov.



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