

# 1. Recipient Information

Record ID \_\_\_\_\_

Global AR Laboratory & Response Network Performance Measures tool

Form Approved

OMB Control Number: 0920-1282

Expiration Date: 06/30/2026

Thank you for completing the Global Antimicrobial Resistance (AR) Laboratory and Response Network (Global AR Lab & Response Network) Performance Measures (PM) tool. This tool is intended to establish and collect standardized process and outcome metrics for recipients implementing Global AR Lab & Response Network projects. Recipients will be asked to complete this tool annually, in addition to the required Cooperative Agreement annual performance and progress reporting. Please complete the tool using information that will be included in your organization's Year 3 performance narrative submission. Please answer as many questions as possible. If you need any assistance, please contact GARLRN@cdc.gov.

Public reporting burden of this collection of information is estimated to average 4 hours per response per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1282).

## FORM 1.) RECIPIENT INFORMATION

Name of Recipient Organization: \_\_\_\_\_

Recipient HQ location: \_\_\_\_\_

GARLRN-Funded Strategy(s):

(Select all that apply)

- Strategy 2: Assess Antimicrobial Resistance in Enteric Pathogens
- Strategy 3: Assess Antimicrobial Resistance in Fungal Pathogens
- Strategy 4: Assess Antimicrobial Resistance in Invasive Bacterial and Respiratory Pathogens
- Strategy 5: Assess Antimicrobial Resistance in *N. gonorrhoeae*

Please list all project pathogens: \_\_\_\_\_

(If unknown, enter 'N/A')

**SECTION 1: PROJECT IMPLEMENTATION Please answer the following questions about [pilot\_recipname]'s experiences with project implementation. Please use information that will be included in [pilot\_recipname]'s Year 3 performance narrative submission**

1. How many countries is this project being implemented in during BP3?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

2. What is the number of sites (laboratories, hospitals, healthcare facilities, etc.) that were supported as part of the project? Please answer for each country.

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

3. How many sites received direct material support (i.e., lab reagents/diagnostics, other lab equipment, IT material, printed SOPs, etc.) from [pilot\_recipname] during this budget period as part of the project? Please answer for each country.

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

4. Is this project contributing to achieving the goals of a country's national action plan (NAP) on antimicrobial resistance?

- Yes, in all countries where project is implemented
- Yes, in some countries
- No
- Don't Know
- Does not apply / No NAP has been developed in target country(s)

Please list all countries and describe supporting activities of NAP.

\_\_\_\_\_

Please list barriers to participation and/or support of the NAP in implementation country(s).

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

5. List any major product(s) (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) developed within this budget period and specify location (if applicable).

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

6. Have CDC Subject Matter Experts (SMEs) reviewed the major products listed?

- Yes
- No
- Don't Know
- Does not apply

6.b. If no, please explain.

\_\_\_\_\_

7. What strategies or activities has [pilot\_recipname] implemented to sustain the efforts and progress made with this project beyond the current budget period?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

Please use this space to include any additional information related to project implementation for this budget period.

\_\_\_\_\_

**SECTION 2: LABORATORY CAPACITY SUPPORT** Please answer the following questions based on [pilot\_recipname]'s current laboratory capacity enhancement activities for this Global AR Lab & Response Network project. Please use information that will be included in [pilot\_recipname]'s Year 3 performance narrative submission and be as thorough as possible.

1. Is regular external quality assurance performed for AR testing at this project's participant laboratories?

Yes  
 No  
 Don't Know  
 Does not apply

1.a.i. Please describe the type and frequency of these QA activities (e.g., WHO external program, PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc.).

\_\_\_\_\_

(If none or unknown, enter 'N/A')

1.a.ii. What is the total number of participant laboratories currently enrolled in these QA testing activities?

\_\_\_\_\_

(If none or unknown, enter 'N/A')

2. Is there a national or central laboratory which performs quality assurance (QA) testing for this project?

Yes  
 No  
 Don't Know  
 Does not apply

2.a.i. List the number of labs where QA was performed during this budget period, by country

\_\_\_\_\_

(If none or unknown, enter 'N/A')

2.a.ii. Describe the specimen submission criteria (frequency and type of specimens submitted), by country

\_\_\_\_\_

(If none or unknown, enter 'N/A')

During the current budget period, has [pilot\_recipname] provided training or support to any laboratories in the following areas?

(Select all that apply)

Phenotypic Testing  
 Genotypic Testing  
 Antimicrobial Susceptibility Testing (AST and AFST)  
 Whole Genome Sequencing (WGS)  
 None of these

3. PHENOTYPIC TESTING a. What is the total number of labs at which training or other capacity building activities for performing phenotypic testing were implemented?

(Enter 999 if unknown)

b. Describe the education and training standards held to determine proficiency\* in phenotypic testing.

(Enter N/A if unknown)

\*Proficiency defined as possessing a high degree of competence, expertise or skill in execution of tasks or demonstration of knowledge related to specific subject matter

\_\_\_\_\_

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4. GENOTYPIC TESTING a. What is the total number of labs at which training or other capacity building activities for performing genotypic testing were implemented (e.g., PCR) testing available?

(Enter 999 if unknown)

\_\_\_\_\_ b. Describe the education and training standards held to determine proficiency in genotypic testing

(Enter N/A if unknown)

\_\_\_\_\_

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5. ANTIMICROBIAL SUSCEPTIBILITY TESTING (AST), INCLUDING ANTIFUNGAL SUSCEPTIBILITY TESTING (ASFT) a. What is the total number of labs at which training or other capacity building activities for achieving proficiency in antimicrobial susceptibility testing (AST) and/or ASFT were implemented?

(Enter '999' if unknown)

\_\_\_\_\_ b. Describe the education and training standards held to determine proficiency in AST and/or ASFT

(Enter N/A if unknown)

\_\_\_\_\_

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6. WHOLE GENOME SEQUENCING (WGS)

a. Total number of laboratory personnel trained to proficiency in whole genome sequencing (WGS)

(Enter 999 if unknown)

\_\_\_\_\_ b. Describe the education and training standards held to determine proficiency in WGS

(Enter N/A if unknown)

\_\_\_\_\_

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Please use this space to include any additional information related to [pilot\_recipname]'s laboratory capacity support activities for this budget period.

\_\_\_\_\_

**SECTION 3: SURVEILLANCE CAPACITY** Please answer the following questions based on surveillance efforts for [pilot\_recipname]'s Global AR Lab & Response Network project during this budget period. Do not answer questions based on future efforts. Examples of newly detected antimicrobial resistance include:

- 1. Exceptional phenotypes that have not previously been reported or are very rare; and
- 2. Novel resistance genotypes that are associated with mechanisms of resistance that have a high public health impact (i.e., high potential for spread and health impact) or pose serious challenges in laboratory detection and surveillance

**Source: GLASS Emerging antimicrobial resistance reporting framework (GLASS-EAR)**

1. Are epidemiological data elements collected with samples tested under this project?  Yes  
 No  
 Don't know

1.a.i. What data elements are being collected?  
 \_\_\_\_\_  
 (If unknown, enter 'N/A')

1.a.ii. List each of the sites collecting these elements within the project and indicate if the information is shared with local public health for decision making.  
 \_\_\_\_\_  
 (If unknown, enter 'N/A')

1.b. Please list barriers to collecting epidemiologic data elements at sites throughout the referral network?  
 \_\_\_\_\_  
 (If unknown, enter 'N/A')

2. Are the collected data (e.g., phenotypic, genotypic, NGS, etc.) integrated into subnational, national, or global databases (e.g., GLASS)?  Yes  
 No  
 Don't know

2.a.i. What database(s) were the data reported to? Please list all.  
 \_\_\_\_\_  
 (If unknown, enter 'N/A')

2.a.ii. Select the frequency of data sharing with national-level decision makers (e.g., MoHs or NPHIs, etc.):  
 Daily  
 Weekly  
 Bi-weekly  
 Quarterly  
 Annually  
 Other \_\_\_\_\_  
 (If unknown, enter 'N/A')

2.b. Please list any barriers to data integration:

\_\_\_\_\_  
(If unknown, enter 'N/A')

3. Have any alerts\* or findings from the lab or facility required a local response (e.g., within facility or local area, data sharing, PPS, etc.)?

- Yes
- No
- Don't know

\*Alert: Any newly detected\*\* antimicrobial resistance findings that may influence surveillance and control practices.

\*\* Examples of newly detected antimicrobial resistance include:

1. Exceptional phenotypes that have not previously been reported or are very rare; and
2. Novel resistance genotypes that are associated with mechanisms of resistance that have a high public health impact (i.e., high potential for spread and health impact) or pose serious challenges in laboratory detection and surveillance

Source: GLASS Emerging antimicrobial resistance reporting framework (GLASS-EAR)

3.a. Please list the entities involved, response activities and how data was shared.

\_\_\_\_\_  
(If unknown, enter 'N/A')

4. Have any alerts been detected which required a sub-national or national response (e.g., new organism/type of resistance or large outbreak)?

- Yes
- No
- Don't know

4.a. Please list the entities involved, response activities and how data was shared.

\_\_\_\_\_  
(If unknown, enter 'N/A')

Please use this space to include any additional information related to [pilot\_recipname]'s surveillance activities with GARLRN-funded projects.

\_\_\_\_\_

**SECTION 4: WORKFORCE DEVELOPMENT** The following questions cover current education and training activities for different personnel targeted by this Global AR Lab & Response Network project. Do not answer questions based on future efforts, only established or current opportunities.

Please select the type of personnel that received training from [pilot\_recipname] (can be in collaboration with partners): (Select all that apply)

- Laboratory
- Data Manager
- Healthcare Worker (including MOH/NPHL leadership)
- Field-based personnel (Community interviewer, environmental surveillance, etc.)
- Other (specify): \_\_\_\_\_  
(If unknown, enter 'N/A')

LABORATORY PERSONNEL 1. How many CDC-supported education and training opportunities have targeted laboratory personnel?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for laboratory personnel targeted by this project?

- Yes
- No
- Don't know

2.a. If yes, please list these partnerships:

\_\_\_\_\_

3. How many laboratory personnel received training under this project, during budget period 3?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

4. Has a training curriculum been established for training laboratory personnel?

- Yes
- No
- Don't know

4. Yes, training curriculum established for LABORATORY PERSONNEL:

- i. Does the curriculum leverage a Train-the-Trainer (ToT) model? \_\_\_\_\_
- ii. What entity is responsible for facilitating the curriculum? \_\_\_\_\_
- iii. What assessments were conducted to ensure trainings and address knowledge gaps? \_\_\_\_\_

5. Has competency testing been performed among the trained laboratory personnel?

- Yes
- No
- Don't know

5.a. If yes, how often is this assessed?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

\_\_\_\_\_

DATA MANAGEMENT PERSONNEL 1. How many CDC-supported education and training opportunities have targeted data management personnel?

\_\_\_\_\_  
(If none or unknown, enter 'N/A')

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for data management personnel targeted by this project?

- Yes
- No
- Don't know

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2.a. If yes, please list these partnerships:

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3. How many data management personnel received training under this project, during budget period 3?

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(If none or unknown, enter 'N/A')

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4. Has a training curriculum been established for training data management personnel?

- Yes
- No
- Don't know

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4. Yes, training curriculum established:

- i. Does the curriculum leverage a Train-the-Trainer (ToT) model? \_\_\_\_\_
- ii. What entity is responsible for facilitating the curriculum? \_\_\_\_\_
- iii. What assessments were conducted to ensure trainings and address knowledge gaps? \_\_\_\_\_

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5. Has competency testing been performed among the trained data management personnel?

- Yes
- No
- Don't know

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5.a. If yes, how often is this assessed?

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(If none or unknown, enter 'N/A')

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5.b. If no, why hasn't this been performed?

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HEALTHCARE WORKER PERSONNEL 1. How many CDC-supported education and training opportunities have targeted healthcare worker (HCW) personnel (including MOH/NPHL leadership)?

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(If none or unknown, enter 'N/A')

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2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for HCW personnel targeted by this project?

- Yes
- No
- Don't know

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2.a. If yes, please list these partnerships:

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3. How many HCW personnel received training under this project, during budget period 3?

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(If none or unknown, enter 'N/A')

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4. Has a training curriculum been established for training HCW personnel?

- Yes
- No
- Don't know

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4. Yes, training curriculum established:

- i. Does the curriculum leverage a Train-the-Trainer (ToT) model? \_\_\_\_\_
- ii. What entity is responsible for facilitating the curriculum? \_\_\_\_\_
- iii. What assessments were conducted to ensure trainings and address knowledge gaps? \_\_\_\_\_



5. Has competency testing been performed among the trained HCW personnel?  Yes  No  Don't know

5.a. If yes, how often is this assessed?

(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

FIELD-BASED PERSONNEL (e.g., community interviewer, wastewater sample collection, etc.)

1. How many CDC-supported education and training opportunities have targeted field-based personnel? (If none or unknown, enter 'N/A')

2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for field-based personnel targeted by this project?  Yes  No  Don't know

2.a. If yes, please list these partnerships:

3. How many field-based personnel received training under this project, during budget period 3? (If none or unknown, enter 'N/A')

4. Has a training curriculum been established for training field-based personnel?  Yes  No  Don't know

4. Yes, training curriculum established:

- i. Does the curriculum leverage a Train-the-Trainer (ToT) model?
ii. What entity is responsible for facilitating the curriculum?
iii. What assessments were conducted to ensure trainings and address knowledge gaps?

5. Has competency testing been performed among the trained field-based personnel?  Yes  No  Don't know

5.a. If yes, how often is this assessed?

(If none or unknown, enter 'N/A')

5.b. If no, why hasn't this been performed?

OTHER PERSONNEL TYPES

1. How many CDC-supported education and training opportunities have targeted other types of personnel? (If none or unknown, enter 'N/A')

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2. Are there any other partnerships (e.g., universities, hospitals, etc.) that provide mentorship for other types of personnel targeted by this project?  Yes  
 No  
 Don't know

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2.a. If yes, please list these partnerships:

\_\_\_\_\_

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3. How many personnel in the "other" category received training under this project, during budget period 3? \_\_\_\_\_  
(If none or unknown, enter 'N/A')

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4. Has a training curriculum been established for training other types of personnel?  Yes  
 No  
 Don't know

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4. Yes, training curriculum established:

- i. Does the curriculum leverage a Train-the-Trainer (ToT) model? \_\_\_\_\_
  - ii. What entity is responsible for facilitating the curriculum? \_\_\_\_\_
  - iii. What assessments were conducted to ensure trainings and address knowledge gaps? \_\_\_\_\_
- 

5. Has competency testing been performed among the other types of trained personnel?  Yes  
 No  
 Don't know

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5.a. If yes, how often is this assessed?

\_\_\_\_\_ (If none or unknown, enter 'N/A')

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5.b. If no, why hasn't this been performed?

\_\_\_\_\_

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Please use this space to include any additional information about [pilot\_recipname]'s workforce development activities related to this project.

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Thank you for completing this form. Please be sure to complete Form #2 in this tool as well. For any assistance, please email GARLRN@cdc.gov.