

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

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 PCR molecular tests to identify *Candida* from blood specimens?

Yes (go to Q14) No (go to Q17) Unknown

14) Does this laboratory employ the T2Candida Panel to identify *Candida* from blood specimens?

Yes (go to Q14a) No (go to Q15) Unknown

a. If Yes, when did this lab first start using T2Candida Panel? Date (mm/dd/yyyy): ____/____/____

b. If Yes and you get a positive result on T2Candida Panel, does this lab culture the blood to obtain an isolate?

Yes, always No
 Yes, with a clinical order Unknown

15) Does this laboratory employ the BioFire (FilmArray) to identify *Candida* from blood culture?

Yes (go to Q15a) No (go to Q16) Unknown

a. If Yes, when did this lab first start using BioFire? Date (mm/dd/yyyy): ____/____/____

b. If Yes and you get a positive result on BioFire, does this lab culture the blood to obtain an isolate?

Yes, always No
 Yes, with a clinical order Unknown

16) Does this laboratory employ any other PCR molecular tests to identify *Candida* from blood specimens?

Yes (specify) _____ No Unknown

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

Yes (specify) _____ Unknown
 No Not applicable

ANTIFUNGAL SUSCEPTIBILITY TESTING**18) Does this laboratory offer any antifungal susceptibility testing 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?)

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) _____ | |

