

Global Antimicrobial Resistance Laboratory and Response Network Performance Measurement Tool Crosswalk

| Item # | Form # | QID  | Section Name           | Original Question                                                                                                                                                                                                | New Question                                                                                                                                                                                                                                                              | Change                                                                                                                                                                                                     | Justification                                                                                                                                                                                                                                                                             |
|--------|--------|------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1      | 1 & 2  | N/A  | N/A                    | Any questions, section headers, or statements containing the word “capacity”                                                                                                                                     | Questions will contain alternative wording such as “activities”                                                                                                                                                                                                           | - Word “capacity” removed from tool language                                                                                                                                                               | - Refined language to better reflect program implementation activities                                                                                                                                                                                                                    |
| 2      | 1      | N/A  | Recipient Information  | N/A                                                                                                                                                                                                              | Please select option(s) that best describes this organization (Select all that apply): <ul style="list-style-type: none"><li>• Non-governmental Organization (NGO)</li><li>• Government Organization</li><li>• Academic Institution</li><li>• Other</li></ul>             | - New question added<br>- Recipients will now select the option(s) that best describe the type of recipient organization completing the form<br>- There will be an “Other, please specify:” option as well | - Will be helpful to capture the types of institutions we are partnering with in order to understand more about the network’s scope and reach in global AR<br>- <b>No change to reporting burden</b>                                                                                      |
| 3      | 1      | N/A  | Recipient Information  | GARLRN Funded Strategy                                                                                                                                                                                           | Funded Strategy                                                                                                                                                                                                                                                           | - Removed GARLRN acronym                                                                                                                                                                                   | - Saves space on survey form<br>- <b>No change to reporting burden</b>                                                                                                                                                                                                                    |
| 4      | 1      | N/A  | Recipient Information  | Please list all project pathogens (by strategy area): (Open-ended)                                                                                                                                               | Please select the pathogen(s) of interest for this project <ul style="list-style-type: none"><li>• Menu of pathogens from <a href="#">AR Threats Report</a>, plus Haemophilus influenzae and Neisseria meningitidis</li><li>• Other (Please specify):<br/>_____</li></ul> | - Recipients will now select all that apply from a menu of pathogens.<br>- There will be an “Other, please specify:” option as well                                                                        | - Enables mostly standardized responses across all recipients<br>- Reduces response burden for recipients<br>- Saves time during analysis of data<br>- <b>Reporting burden decreases by providing checklist of options that wouldn’t need to be manually typed in open-ended response</b> |
| 5      | 1      | 3    | Project Implementation | <b>List any major product(s)</b> (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) <b>developed within this budget period and specify location</b> (if applicable).<br><br><i>If none, enter N/A</i> | List any major product(s) (e.g., SOPs, job aids, manuscripts, posters, trainings, etc.) developed within this budget period.<br><br><i>If none, enter N/A</i>                                                                                                             | - Removed “and specify location (if applicable)”                                                                                                                                                           | - No longer necessary for recipients to specify location for this response.<br>- <b>Reporting burden decreases</b>                                                                                                                                                                        |
| 6      | 1      | 1.a. | Laboratory Activities  | Is regular external quality assurance assessment performed for AR testing at this project’s participant laboratories?                                                                                            | N/A                                                                                                                                                                                                                                                                       | - Deleted question 1.a. from Form 1<br>- Question will be moved to Form 2, QID #13                                                                                                                         | - The data is more relevant and insightful when collected for each individual laboratory site, therefore it is                                                                                                                                                                            |

| Item # | Form # | QID                          | Section Name            | Original Question                                                                                                          | New Question                                                                                                                            | Change                                                                                                                                                                                                                                                                                                                   | Justification                                                                                                                                                                                                                                                                                                              |
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|        |        |                              |                         |                                                                                                                            |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                          | unnecessary to ask this question at the recipient level<br>- <b>No change to reporting burden</b>                                                                                                                                                                                                                          |
| 7      | 1      | 1.b.                         | Laboratory Activities   | Is there a <u>national or central laboratory</u> which performs quality assurance testing for this project?                | Is there a <u>national or central laboratory</u> which provides external quality assessment (EQA) to subnational labs for this project? | <ul style="list-style-type: none"> <li>- Word change in question language <ul style="list-style-type: none"> <li>o Assessment → assurance</li> <li>o Performs → provides</li> <li>o Removed word “testing”</li> <li>o Added “to subnational labs”</li> </ul> </li> <li>- QID is changing from 1.b. to just 1.</li> </ul> | <ul style="list-style-type: none"> <li>- Question wording changed to reflect accurate language for subject matter</li> <li>- <b>No change to reporting burden</b></li> </ul>                                                                                                                                               |
| 8      | 1      | 1.a.ii.                      | Laboratory Activities   | Describe the specimen submission criteria (frequency and type of specimens submitted), per country                         | Describe EQA (pathogens included, number of isolates or samples submitted, and frequency), by country.                                  | <ul style="list-style-type: none"> <li>- Question wording changed</li> </ul>                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>- Wording consolidated for easy interpretation of question</li> <li>- <b>No change to reporting burden</b></li> </ul>                                                                                                                                                               |
| 9      | 1      | 2.a., 3.a., 4.a., 5.a., 6.a. | Laboratory Activities   | What is the total number of labs at which training or other capacity building activities for achieving proficiency in .... | What is the total number of labs where training or other activities for performing...                                                   | <ul style="list-style-type: none"> <li>- Changed</li> <li>- “at which” to “where”</li> <li>- “achieving proficiency in” to “performing”...</li> </ul>                                                                                                                                                                    | <ul style="list-style-type: none"> <li>- More accurate/understandable wording</li> <li>- <b>No change to reporting burden</b></li> </ul>                                                                                                                                                                                   |
| 10     | 1      | 2.b., 3.b., 4.b., 5.b., 6.b. | Laboratory Activities   | b. Describe the education and training standards held to determine proficiency in [name of testing method].                | N/A                                                                                                                                     | <ul style="list-style-type: none"> <li>- Removed sub-question b from questions 2-6</li> </ul>                                                                                                                                                                                                                            | - <b>Reporting burden decreases</b>                                                                                                                                                                                                                                                                                        |
| 11     | 1      | 1-4                          | Surveillance Activities | Form 1, Section 3, Questions 1-4                                                                                           | Form 2, Section 3, Questions 1-4                                                                                                        | <ul style="list-style-type: none"> <li>- Deleted this section from Form 1</li> <li>- Section will be added to Form 2 and completed for each individual laboratory site</li> </ul>                                                                                                                                        | <ul style="list-style-type: none"> <li>- The data is more relevant and insightful when collected for each individual laboratory site, therefore it is unnecessary to ask this question at the recipient level</li> <li>- <b>Reporting burden may increase slightly depending on number of sites reported on</b></li> </ul> |
| 12     | 1      | N/A                          | Workforce Development   | <b>Please select the type of personnel that received training</b>                                                          | <b>Please select the type of personnel that received training</b>                                                                       | <ul style="list-style-type: none"> <li>- Option c removed “MOH/NPHL leadership”</li> </ul>                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>- Additional answer options to help with efficiency in</li> </ul>                                                                                                                                                                                                                   |

| Item # | Form # | QID            | Section Name                     | Original Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | New Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Change                                                                                                                                                                                                                                           | Justification                                                                                                                                                                                                                             |
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|        |        |                | Activities                       | <b>from this organization</b> (can be in collaboration with partners):<br><i>(select all that apply)</i><br>a) Laboratory<br>b) Data Manager<br>c) Healthcare Worker (including MOH/NPHL leadership)<br>d) Field-based personnel (community interviewer)<br>e) Other (please specify): _____<br>f) Other (please specify): _____<br>g) _____ Trainings that were performed did not document types of personnel in attendance (please provide disaggregated number of personnel)<br>h) No personnel received training during this budget period (end of form)                       | <b>from this organization</b> (can be in collaboration with partners):<br><i>(select all that apply)</i><br>a) Laboratory<br>b) Epidemiologist/Data Manager<br>c) Healthcare Worker<br>d) Field-based personnel (community interviewer)<br>e) MOH/NPHL leadership<br>f) Other (please specify): _____<br>g) _____ Trainings that were performed did not document types of personnel in attendance (please provide disaggregated number of personnel)<br>h) No personnel received training during this budget period (end of form)                                                       | <ul style="list-style-type: none"> <li>- Option c added "Epidemiologist"</li> <li>- Option e changed from "Other" to "MOH/NPHL leadership"</li> <li>- Healthcare Worker and "MOH/NPHL leadership" are now two separate answer options</li> </ul> | responding and in data analysis<br><ul style="list-style-type: none"> <li>- <b>Reporting burden may increase slightly depending on how many types of personnel received training by recipient during this reporting period</b></li> </ul> |
| 13     | 1      | 5., 5.a., 5.b. | Workforce Development Activities | <b>Has competency testing been performed among the trained [insert personnel type] personnel?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>- Removed question 5 and follow up questions 5.a. and 5.b.</li> </ul>                                                                                                                                     | <ul style="list-style-type: none"> <li>- Question would have been difficult to answer and not critical for data analysis</li> <li>- <b>Reporting burden decreases</b></li> </ul>                                                          |
| 14     | 2      | N/A            | N/A                              | Form Instructions:<br><br>The following questions are related to project implementation with partners as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in [ <i>name of organization</i> autofill]'s Global AR Lab & Response Network project.<br><br>Please complete <b>FORM 2 for EACH partner, HCF/hospital, or laboratory</b> . Recipients with projects in multiple countries or engaged with multiple partners or HCFS/hospitals/laboratories will be asked to specify country and | Form Instructions:<br><br>The following questions are related to project implementation with partners, as well as referral network and surveillance practices at EACH hospital, health care facility (HCF) and/or laboratory that is participating in the recipient's Global AR Lab & Response Network project.<br><br>Please complete <b>FORM 2 for EACH partner, HCF/hospital, or laboratory</b> that is engaged for this project. Recipients with projects in multiple countries or engaged with multiple partners/ HCFS/ hospitals/ laboratories will complete FORM 2 for each one. | <ul style="list-style-type: none"> <li>- Wording changes to instructions</li> </ul>                                                                                                                                                              | <ul style="list-style-type: none"> <li>- Wording changed to enhance clarity of instructions and to avoid confusion for recipients</li> <li>- <b>No change to reporting burden</b></li> </ul>                                              |

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|        |        |      |                                        | partner/facility name on each form.<br><br><b>Please do not complete this form for:</b> <i>Non-intervention labs or non-capacity building labs; labs at which no project activities are implemented</i>                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |
| 15     | 2      | 2    | Partner or Laboratory Site Information | Select the option that best describes the laboratory or healthcare facility site (i.e., where is this partner based?):                                                                                                                                                                                                                                                   | Select the option that best describes the level of the health system that the laboratory or healthcare facility site supports<br><br>a. National level<br>b. Regional, state or provincial level<br>c. District or local level<br>d. Other (Please specify):<br>_____                                                                                                                                                    | - Removed option “d. Private facility or laboratory type”<br>- Added two sub questions based on responses provided during piloting of tool                                                                  | - Determined it might be helpful to focus on level of service in the lab or healthcare facility site. And ask in a separate question about status as private or public facility as well as university affiliated<br>- <b>No change to reporting burden</b> |
| 16     | 2      | 2.a. | Partner or Laboratory Site Information | N/A                                                                                                                                                                                                                                                                                                                                                                      | 2.a. Is this lab or healthcare site part of an academic institution? Y/N                                                                                                                                                                                                                                                                                                                                                 | - Two sub-questions will now follow question 2                                                                                                                                                              | - These questions are meant to capture the sites that might be categorized as a private HCW organization or lab or facility site that is part of an academic institution<br>- <b>No change to reporting burden</b>                                         |
| 17     |        | 2.b. |                                        |                                                                                                                                                                                                                                                                                                                                                                          | 2.b. Is this lab or healthcare site part of a private organization                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                             |                                                                                                                                                                                                                                                            |
| 18     | 2      | 6.   | Project Implementation Phase           | 6. Select the phase that best describes where this site or partner currently is in implementation of project:                                                                                                                                                                                                                                                            | 6. Select the implementation phase that best describes this partner’s and/or site’s stage in the project, as it currently stands:                                                                                                                                                                                                                                                                                        | - Reworked original wording of question                                                                                                                                                                     | - Changes based on feedback and latest data analysis, which showed different interpretations of the prompt when answering<br>- <b>No change to reporting burden</b>                                                                                        |
| 19     | 2      | 9.   | Laboratory Network Activities          | 9.i. Testing methods performed on project pathogen of interest<br><b>Culturing</b> –<br><ul style="list-style-type: none"> <li>chromAgar Candida;</li> <li>Gram staining;</li> <li>Regan-Lowe B. pertussis testing;</li> <li>Other (please specify);;</li> <li>Unknown</li> </ul> <b>AST</b> –<br><ul style="list-style-type: none"> <li>Broth microdilution;</li> </ul> | 9.i. Testing methods performed on project pathogen of interest,<br><b>Culturing</b> – only in context of project pathogen(s) of interest<br><ul style="list-style-type: none"> <li>Enteric bacteria culture</li> <li>Invasive bacteria culture</li> <li>N. gonorrhoeae culture</li> <li>Candida sp. Culture</li> <li>Other fungal culture</li> <li>Other bacterial culture</li> <li>Other (please specify): ;</li> </ul> | - Additional answer options provided in follow up questions for each testing method being completed to ensure standardized response. Also, additional question asking about type of WGS instrument used in. | - Enables mostly standardized responses across all recipients<br>- Saves time during analysis of data<br>- <b>Reporting burden decreases by providing checklist of options that wouldn’t need to be manually typed in open-</b>                            |

| Item # | Form # | QID | Section Name | Original Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | New Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Change | Justification         |
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|        |        |     |              | <ul style="list-style-type: none"> <li>Disk diffusion;</li> <li>E test;</li> <li>Multiplex PCR;</li> <li>Vitek 2</li> <li>Other (please specify);;</li> <li>Unknown</li> </ul> <p><b>Phenotypic</b> –</p> <ul style="list-style-type: none"> <li>API</li> <li>Biochemical tests</li> <li>MADLI-TOF</li> <li>Vitek 2</li> <li>Other (please specify);;</li> <li>Unknown</li> </ul> <p><b>Genotypic</b> –</p> <ul style="list-style-type: none"> <li>Multiplex RT-PCR</li> <li>Other (specify);;</li> <li>Unknown</li> </ul> <p><b>WGS</b> – this method is still open ended</p> | <ul style="list-style-type: none"> <li>Unknown</li> </ul> <p><b>AST</b> – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> <li>Broth microdilution (e.g. Sensititre);</li> <li>Disk diffusion;</li> <li>Gradient test/E test;</li> <li>Agar dilution;</li> <li>Vitek 2</li> <li>Other automated device (e.g. Phoenix, Microscan)</li> <li>Other (please specify);;</li> <li>Unknown</li> </ul> <p><b>Phenotypic</b> – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> <li>API (manual)</li> <li>MALDI-TOF (e.g. Bruker, Vitek MS)</li> <li>Vitek 2</li> <li>Chromogenic Media (e.g. CHROMagar)</li> <li>Colormetric Tests (e.g. Carba NP, Blue-Carba)</li> <li>Lateral Flow Assay (e.g. Carba 5)</li> <li>mCIM</li> <li>Serotyping</li> <li>Other biochemical tests</li> <li>Other (please specify): ;</li> <li>Unknown</li> </ul> <p><b>Genotypic</b> – only in context of project pathogen(s) of interest</p> <ul style="list-style-type: none"> <li>PCR</li> <li>RT-PCR/qPCR</li> <li>Cepheid Xpert (e.g. Carba-R)</li> <li>LAMP</li> <li>Hologic Panther</li> <li>Other (specify);;</li> <li>Unknown</li> </ul> <p><b>WGS</b> – only in context of project pathogen(s) of interest</p> <p><b>What type of sequencing are you doing?</b></p> <ul style="list-style-type: none"> <li>Whole Genome Sequencing</li> <li>Short-read</li> <li>Long-read</li> <li>Direct Amplicon Sequencing</li> <li>Next Generation Sequencing</li> <li>Sanger Sequencing</li> </ul> |        | <b>ended response</b> |

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|        |        |                   |                               |                                                                                                                                                                                                                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>Other, please specify</li> </ul> <b>What instrument(s) are you using?</b> <ul style="list-style-type: none"> <li>Illumina <ul style="list-style-type: none"> <li>Please specify machine: <ul style="list-style-type: none"> <li>MiSeq</li> <li>NextSeq</li> <li>MiniSeq</li> <li>Other, please specify:</li> </ul> </li> </ul> </li> <li>Pacific Bio (PacBio) <ul style="list-style-type: none"> <li>Please specify machine: <ul style="list-style-type: none"> <li>Revio</li> <li>Vega</li> <li>Onso</li> <li>Other, please specify:</li> </ul> </li> </ul> </li> <li>Oxford Nanopore Technologies <ul style="list-style-type: none"> <li>Please specify machine: <ul style="list-style-type: none"> <li>MinION</li> <li>GridION</li> <li>PromethION</li> <li>Other, please specify:</li> </ul> </li> </ul> </li> <li>Other, please specify</li> </ul> |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                |
| 20     | 2      | 13. & 13.a.i./ii. | Laboratory Network Activities | <p>Is regular external quality assessment performed for AR testing at this project's participant laboratories?</p> <p><i>If yes, please describe:</i></p> <p><i>i. The type and frequency of these QA activities</i></p> <p><i>ii. The total number of participant laboratories currently enrolled. (e.g., PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc)</i></p> | <p>Is regular external quality assessment performed for AR testing at this project's participant laboratories?</p> <p>13.a. If yes, please describe the type and frequency of these QA activities (e.g., PulseNet EQA, 2 bacterial specimens/ year for identification and AST, etc)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <ul style="list-style-type: none"> <li>Moved this question from Form 1 to Form 2, Section 2: Laboratory Network Activities to capture information at the laboratory site level</li> <li>Removed question 13.a.ii.; only 13.a. remains</li> </ul> | <ul style="list-style-type: none"> <li>The data is more relevant and insightful when collected for each individual laboratory site. In-depth conclusions cannot be drawn as easily from asking this question at the recipient level</li> <li><b>Reporting burden may increase slightly depending on number of sites reported on</b></li> </ul> |
| 21     | 2      | 1-4               | Surveillance Activities       | See Section 3 in Form 2 for all questions                                                                                                                                                                                                                                                                                                                                                     | Same as original questions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <ul style="list-style-type: none"> <li>Moved Section 3: Surveillance Activities from Form 1 to Form 2 so that information can be captured at laboratory site level</li> </ul>                                                                    | <ul style="list-style-type: none"> <li>The data is more relevant and insightful when it reflects the surveillance practices of each individual laboratory site. In-depth conclusions cannot be drawn from asking this question at the recipient level</li> <li><b>Reporting burden may</b></li> </ul>                                          |



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|--------|--------|-----|--------------|-------------------|--------------|--------|------------------------------------------------------------|
|        |        |     |              |                   |              |        | increase slightly depending on number of sites reported on |