

CDC OneLab™ Network: Social Network Survey



CDC OneLab Network: Social Network Survey

Your Role

1. What is your primary professional role? *(select one)*

- ☐ Public health laboratory professional
- ☐ Clinical laboratory professional
- ☐ Laboratory manager or administrator
- ☐ Medical/clinical laboratory educator
- ☐ Healthcare provider
- ☐ Student
- ☐ Non-laboratory testing professional

☒ Other (please specify)

TEST

2. Do you perform diagnostic testing?

☒ Yes

☐ No

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Connections

5. Which organization(s) have you developed a connection, or shared information, with due to OneLab Network? *(select all that apply)*

☒ **Association for the Advancement of Blood & Biotherapies**

☐ American Association for Clinical Chemistry

☒ **Action Against Hunger**

☐ Allegheny Health Network

☐ Association for Molecular Pathology

☐ Association of Public Health Laboratories

☐ Association of Pathology

☐ American Society for Clinical Laboratory Science

☐ American Society for Clinical Pathology

☐ Chickasaw Nation

☒ **Centers for Medicare & Medicaid Services**

☐ Georgia Department of Public Health

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Connections

6. For each organization you selected, please select the response that best fits your connection.

	I know this organization	I have worked with this organization in the past, but not in the last 6 months	I have talked/shared ideas with this organization in the last 6 months	I have interacted regularly/collaborated with this organization in the last 6 months	Other
Association for the Advancement of Blood & Biotherapies	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action Against Hunger	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Centers for Medicare & Medicaid Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. For each organization you selected, please select the response that best fits how frequently you exchange information shared in OneLab Network events with them.

	Very frequently/Very Often	Somewhat frequently/Somewhat Often	Never or Not frequently	N/A
Association for the Advancement of Blood & Biotherapies	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Action Against Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Centers for Medicare & Medicaid Services	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Which organization(s) do you go for sharing lessons learned or best practices shared in OneLab Network events? (select all that apply)

☒ Association for the Advancement of Blood & Biotherapies

☐ Action Against Hunger

☒ Centers for Medicare & Medicaid Services

9. Please share examples of lessons learned or best practices shared with you from OneLab Network members.

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Your Feedback

10. Please provide any additional feedback you would like to share with the OneLab Network team.

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Conclusion

Thank you for completing this OneLab Network survey. If you have any questions, please contact onelab@cdc.gov.

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