

## Collection Instrument Cross walk

### ABCs

#### *Cross walk of 2026 form changes*

##### A. ABCs Case Report Form (ABC.100.1)

2025 Form	2026 Form (Changes in yellow highlight)
2025 ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) CASE REPORT	Updated header to reflect surveillance year  2026 ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs) CASE REPORT

#### Lab Repeating Group section **T1. Test Type**

<b>2025 Case Report Form</b>	<p><b>#T1 - Test Type</b>            1=PCR            2=Culture            7=Other            9=Unknown</p>
<b>2026 Case Report Form</b>	<p>Updated label for response options from 1=PCR and 7=Other to 1=NAAT and 7=Other (specify).</p> <p><b>#T1 - Test Type</b>            1=Nucleic acid amplification test (NAAT)            2=Culture            7=Other (specify)            9=Unknown</p>

#### Lab Repeating Group section **T3. Test Method (non-culture)**

<b>2025 Case Report Form</b>	<p><b>T3 - Test Method (if non-culture)</b>            1=Biofire Filmarray Meningitis/Encephalitis Panel            2=Other            3=Biofire Filmarray Blood Culture ID (BCID) Panel            4=Verigene Gram + Blood Culture (BCT) Test            5=Bruker MALDI Biotyper CA System            9=Unknown</p>
<b>2026 Case Report Form</b>	Added additional response options for T3. Test method & added new set of variables to allow for 'other' to be specified.

	<b>T3 - Test Method (if non-culture)</b> 1=Biofire Filmarray Meningitis/Encephalitis Panel 2=Other (specify) 3=Biofire Filmarray Blood Culture ID (BCID) Panel 4=Verigene Gram + Blood Culture (BCT) Test 5=Bruker MALDI Biotyper CA System 9=Unknown 10=Biofire Joint Infection (JI) Panel 11=Roche cobas eplex BCID Panel 12=Karius 13=16s rRNA sequencing 14=Delve Bio mNGS
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**Q27d. Other Substances**

<b>2025 Case Report Form</b>	27d. OTHER SUBSTANCES: (check all that apply) <input type="checkbox"/> None documented <input type="checkbox"/> Unknown <input type="checkbox"/> Marijuana/cannabinoid (other than smoking) <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Opioid, DEA schedule I (e.g., heroin) <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Opioid, DEA schedule II - IV (e.g., methadone, oxycodone) <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Opioid, NOS <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Cocaine <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Methamphetamine <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Other* (specify): _____ <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU <input type="checkbox"/> Unknown substance <input type="checkbox"/> DUD or Abuse <input type="checkbox"/> IDU <input type="checkbox"/> Skin popping <input type="checkbox"/> non-IDU
<b>2026 Case Report Form</b>	Removed check boxes to capture Documented Use Disorder/Abuse and Skin popping under Mode of delivery for all substances listed under Q27d Other substances.  27d. OTHER SUBSTANCES: (check all that apply) <input type="checkbox"/> None documented <input type="checkbox"/> Unknown <input type="checkbox"/> Marijuana/cannabinoid (other than smoking) <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Opioid, DEA schedule I (e.g., heroin) <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Opioid, DEA schedule II - IV (e.g., methadone, oxycodone) <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Opioid, NOS <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Cocaine <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Methamphetamine <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Other* (specify): _____ <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U <input type="checkbox"/> Unknown substance <input type="checkbox"/> IDU <input type="checkbox"/> non-IDU <input type="checkbox"/> U

**B. ABCs Neonatal Infection Expanded Tracking Form (ABC.100.5)**

<b>2025 Case Report Form</b>	9b. IF YES, were any of the following ICD-10 codes reported in the discharge diagnosis of the chart? (Check all that apply) <input type="checkbox"/> A40.1: Sepsis due to streptococcus, group B (1) <input type="checkbox"/> P36.1: Sepsis of newborn to other unspecified streptococci (1) <input type="checkbox"/> A40.8: Other Streptococcal sepsis (1) <input type="checkbox"/> P36.9: Bacterial sepsis of newborn, unspecified (1) <input type="checkbox"/> A40.9: Streptococcus sepsis, unspecified (1) <input type="checkbox"/> B95.1: Streptococcus, group b as the cause of disease classified elsewhere (1) <input type="checkbox"/> A49.1: Streptococcal infection, unspecified site (1) <input type="checkbox"/> B95.5: Unspecified streptococcus as the cause of disease classified elsewhere (1) <input type="checkbox"/> P36: Bacterial sepsis of newborn (1) <input type="checkbox"/> G00.2: Streptococcal meningitis (1) <input type="checkbox"/> P36.0: Sepsis of newborn due to streptococcus, group B (1)
<b>2026 Case Report Form</b>	Added 3 additional ICD-10 codes to Q9b. 9b. IF YES, were any of the following ICD-10 codes reported in the discharge diagnosis of the chart? (Check all that apply) <input type="checkbox"/> A40.1: Sepsis due to streptococcus, group B (1) <input type="checkbox"/> J15.3: Pneumonia due to streptococcus, group B (1) <input type="checkbox"/> A40.8: Other Streptococcal sepsis (1) <input type="checkbox"/> P00.82: Newborn affected by (positive) maternal group B streptococcus (GBS) colonization (1) <input type="checkbox"/> A40.9: Streptococcus sepsis, unspecified (1) <input type="checkbox"/> P23.3: Congenital pneumonia due to streptococcus, group B (1) <input type="checkbox"/> A49.1: Streptococcal infection, unspecified site (1) <input type="checkbox"/> P36: Bacterial sepsis of newborn (1) <input type="checkbox"/> B95.1: Streptococcus, group b as the cause of disease classified elsewhere (1) <input type="checkbox"/> P36.0: Sepsis of newborn due to streptococcus, group B (1) <input type="checkbox"/> B95.5: Unspecified streptococcus as the cause of disease classified elsewhere (1) <input type="checkbox"/> P36.1: Sepsis of newborn to other unspecified streptococci (1) <input type="checkbox"/> G00.2: Streptococcal meningitis (1) <input type="checkbox"/> P36.9: Bacterial sepsis of newborn, unspecified (1)



## FluSurv-NET

### 1) FluSurv-NET Influenza Surveillance Project Case Report Form (FSN 300.1)

Question on 2025-26 Form	Question on 2026-27 Form
<p>1. <b>C. Enrollment Information</b></p> <p>2. <b>1. Case Classification:</b></p> <ul style="list-style-type: none"> <li>• Surveillance Discharge Audit</li> </ul>	<p><b>C. Enrollment Information</b></p> <p><b>1. Case Classification:</b></p> <ul style="list-style-type: none"> <li>• Surveillance Discharge Audit</li> <li>• <b>Observation Only</b></li> </ul>
<p>3. <b>C. Enrollment Information</b></p> <p><b>11. Pregnant (15-49 years of age)?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> <li>• Not applicable (male/pregnant outside of applicable age range)</li> </ul>	<p><b>C. Enrollment Information</b></p> <p><b>11. Pregnant (15-49 years of age)?</b></p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p><b>D. Influenza Testing Results</b></p> <p><b>Influenza Result 1-3:</b></p> <ul style="list-style-type: none"> <li>• Flu A (no subtype)</li> <li>• 2009 H1N1</li> <li>• H1, Unspecified</li> <li>• H1, Seasonal</li> <li>• H1</li> <li>• H3</li> <li>• Flu A, Unsubtypable</li> <li>• Flu B (no lineage)</li> <li>• Flu B, Victoria</li> <li>• Flu B, Yamagata</li> <li>• Flu A &amp; B</li> <li>• Flu A/B (not distinguished)</li> <li>• Unknown Type</li> <li>• Negative</li> <li>• H3N2v</li> <li>• Other, please specify</li> </ul>	<p><b>D. Influenza Testing Results</b></p> <p><b>Influenza Result 1-3:</b></p> <ul style="list-style-type: none"> <li>• Flu A (no subtype)</li> <li>• 2009 H1N1</li> <li>• H1</li> <li>• H3</li> <li>• <b>H5</b></li> <li>• Flu A, Unsubtypable</li> <li>• Flu B (no lineage)</li> <li>• Flu B, Victoria</li> <li>• Flu B, Yamagata</li> <li>• Flu A &amp; B</li> <li>• Flu A/B (not distinguished)</li> <li>• Unknown Type</li> <li>• Negative</li> <li>• H3N2v</li> <li>• Other, please specify</li> </ul>
<p><b>F. Outcome</b></p> <p><b>2. If patient discharged alive, please indicate to where:</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter/Temporary housing</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Substance abuse treatment center</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> </ul>	<p><b>F. Outcome</b></p> <p><b>2. If patient discharged alive, please indicate to where:</b></p> <ul style="list-style-type: none"> <li>• Private residence</li> <li>• Private residence with services</li> <li>• Homeless/Shelter/Temporary housing</li> <li>• Nursing home/Skilled nursing facility</li> <li>• Substance abuse treatment center</li> <li>• Rehabilitation facility</li> <li>• Corrections facility</li> <li>• Hospice</li> <li>• Assisted living/Residential care</li> <li>• LTACH</li> <li>• Group/Retirement home</li> <li>• Psychiatric/Behavioral Health Facility</li> </ul>

<ul style="list-style-type: none"> <li>• Group/Retirement home</li> <li>• Psychiatric/Behavioral Health Facility</li> <li>• Other long term care facility</li> <li>• Against medical advice (AMA)</li> <li>• Discharged to another hospital</li> <li>• Other, specify</li> <li>• Unknown</li> </ul>	<ul style="list-style-type: none"> <li>• Other long term care facility</li> <li>• Against medical advice (AMA)/Elopement</li> <li>• Discharged to another hospital</li> <li>• Other, specify</li> <li>• Unknown</li> </ul>
<p><b>G. Admission and Patient History</b>  <b>3. Date of onset of acute respiratory symptoms (within 2 weeks before a positive test):</b> ___/___/___</p> <ul style="list-style-type: none"> <li>• Unknown</li> <li>• Not applicable</li> </ul>	<p><b>G. Admission and Patient History</b>  <b>3. Date of onset of fever or acute respiratory symptoms (within 2 weeks before a positive test), whichever is earlier:</b> ___/___/___</p> <ul style="list-style-type: none"> <li>• Approximate date entered</li> <li>• Unknown</li> <li>• Not applicable</li> </ul>
<p><b>H. Underlying Medical Conditions</b></p> <p><b>1n. Gastrointestinal/Liver Disease (Do Not Record GERD):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcoholic hepatitis</li> <li><input type="checkbox"/> Autoimmune hepatitis</li> <li><input type="checkbox"/> Barrett's esophagitis</li> <li><input type="checkbox"/> Chronic liver disease</li> <li><input type="checkbox"/> Chronic pancreatitis</li> <li><input type="checkbox"/> Cirrhosis/End stage liver disease (ESLD)</li> <li><input type="checkbox"/> Crohn's disease</li> <li><input type="checkbox"/> Esophageal strictures</li> <li><input type="checkbox"/> Esophageal varices</li> <li><input type="checkbox"/> Hepatitis B, chronic (HBV)</li> <li><input type="checkbox"/> Hepatitis C, chronic (HCV)</li> <li><input type="checkbox"/> Non-alcoholic fatty liver disease (NAFLD)/NASH</li> <li><input type="checkbox"/> Ulcerative colitis (UC)</li> </ul>	<p><b>H. Underlying Medical Conditions</b></p> <p><b>1n. Gastrointestinal/Liver Disease (Do Not Record GERD):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No/Unknown</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcoholic hepatitis</li> <li><input type="checkbox"/> Autoimmune hepatitis</li> <li><input type="checkbox"/> Barrett's esophagitis</li> <li><input type="checkbox"/> Chronic liver disease</li> <li><input type="checkbox"/> Chronic pancreatitis</li> <li><input type="checkbox"/> Cirrhosis/End stage liver disease (ESLD)</li> <li><input type="checkbox"/> Crohn's disease</li> <li><input type="checkbox"/> Esophageal strictures</li> <li><input type="checkbox"/> Esophageal varices</li> <li><input type="checkbox"/> Hepatitis B, chronic (HBV)</li> <li><input type="checkbox"/> Hepatitis C, chronic (HCV)</li> <li><input type="checkbox"/> Non-alcoholic fatty liver disease (NAFLD)/NASH/Metabolic dysfunction-associated steatotic liver disease (MASLD)</li> <li><input type="checkbox"/> Ulcerative colitis (UC)</li> </ul>
<p><b>H. Underlying Medical Conditions</b></p> <p><b>1r. PEDIATRIC CASES ONLY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abnormality of airway (<i>see instructions</i>)</li> <li><input type="checkbox"/> Chronic lung disease of prematurity/Bronchopulmonary dysplasia (BPD)</li> <li><input type="checkbox"/> History of febrile seizures</li> <li><input type="checkbox"/> Long term aspirin therapy</li> <li><input type="checkbox"/> Premature (<i>gestational age &lt; 37 weeks at birth for patients &lt; 2 years</i>)        If yes, specify gestational age at birth in weeks: _____  <input type="checkbox"/> Unknown gestational age at birth</li> </ul>	<p><b>H. Underlying Medical Conditions</b></p> <p><b>1r. PEDIATRIC CASES ONLY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Abnormality of airway (<i>see instructions</i>)</li> <li><input type="checkbox"/> Chronic lung disease of prematurity/Bronchopulmonary dysplasia (BPD)</li> <li><input type="checkbox"/> History of febrile seizures</li> <li><input type="checkbox"/> Long term aspirin therapy</li> </ul> <p><b>For pediatric patients &lt;2 years old: Premature? (<i>gestational age &lt; 37 weeks at birth</i>)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes        If yes, specify gestational age at birth in weeks: _____  <input type="checkbox"/> Unknown gestational age at birth</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Unknown</li> </ul>
<p><b>I. Viral Pathogens</b>  <b>1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤ 3 days after admission?</b></p> <p>1a. RSV  <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> Not tested/Unknown    Date: ___/___/___</p> <p>1b. Coronavirus SARS-CoV-2</p>	<p><b>I. Viral Pathogens</b>  <b>1. Was patient tested for any of the following viral respiratory pathogens within 14 days prior to admission or ≤ 3 days after admission?</b></p> <p>1a. RSV  <input type="checkbox"/> Yes, positive <input type="checkbox"/> Yes, negative <input type="checkbox"/> Not tested/Unknown    Date: ___/___/___</p> <p>1b. Coronavirus SARS-CoV-2</p>

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1c. Adenovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1d. Parainfluenza 1

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1e. Parainfluenza 2

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1f. Parainfluenza 3

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1g. Parainfluenza 4

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1h. Human metapneumovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1i. Rhinovirus/Enterovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1j. Coronavirus 229E

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1k. Coronavirus HKU1

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1l. Coronavirus NL63

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1m. Coronavirus OC43

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1n. Coronavirus (not further specified)

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1c. Adenovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1d. Parainfluenza 1

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1e. Parainfluenza 2

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1f. Parainfluenza 3

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1g. Parainfluenza 4

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1h. Parainfluenza (not further specified)

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1i. Human metapneumovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1j. Rhinovirus/Enterovirus

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1k. Coronavirus 229E

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1l. Coronavirus HKU1

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1m. Coronavirus NL63

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1n. Coronavirus OC43

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

1o. Coronavirus (not further specified)

Yes, positive  Yes, negative  Not tested/Unknown  
Date: \_\_/\_\_/\_\_\_\_

<p><b>L. Discharge Summary</b></p> <p>1. Did the patient have any of the following new diagnoses at discharge? (select all that apply)</p> <p><input type="checkbox"/> No discharge summary available</p> <table style="width: 100%; border: none;"> <tr><td>Acute complication of sickle cell</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute encephalopathy/encephalitis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute liver failure</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute myocardial infarction</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute myocarditis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute renal failure/acute kidney injury</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute respiratory distress syndrome (ARDS)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Acute respiratory failure</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Asthma exacerbation</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Atrial fibrillation (Afib) new-onset or paroxysmal/chronic</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Bacteremia</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Bronchiolitis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Bronchitis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Cardiac arrest</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Chronic lung disease of prematurity/BPD</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Congestive heart failure exacerbation</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>COPD exacerbation</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Deep vein thrombosis (DVT)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Diabetic ketoacidosis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Disseminated intravascular coagulation (DIC)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Guillain-Barre syndrome</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Hemophagocytic syndrome</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Invasive pulmonary aspergillosis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Kawasaki disease</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Mucormycosis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Other thrombosis/embolism/coagulopathy</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Pneumonia</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Pulmonary embolism (PE)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Reye's Syndrome</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Rhabdomyolysis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Sepsis</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Seizures</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Stroke (CVA)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Supraventricular tachycardia (SVT)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Toxic shock syndrome (TSS)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Ventricular fibrillation (Vfib)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> <tr><td>Ventricular tachycardia (V-tach)</td><td><input type="checkbox"/> Yes</td><td><input type="checkbox"/> No/Unknown</td></tr> </table> <p><b>P. 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Asthma exacerbation	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Atrial fibrillation (Afib) new-onset or paroxysmal/chronic	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Bacteremia	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Bronchiolitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Cardiac arrest	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Chronic lung disease of prematurity/BPD	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Congestive heart failure exacerbation	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
COPD exacerbation	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Deep vein thrombosis (DVT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Diabetic ketoacidosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Disseminated intravascular coagulation (DIC)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Guillain-Barre syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Hemophagocytic syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Invasive pulmonary aspergillosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Kawasaki disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Mucormycosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Multisystem inflammatory syndrome in children (MIS-C) or adults (MIS-A)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Other thrombosis/embolism/coagulopathy	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Pulmonary embolism (PE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Reye's Syndrome	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Rhabdomyolysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Sepsis	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Seizures	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Stroke (CVA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Supraventricular tachycardia (SVT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Toxic shock syndrome (TSS)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Ventricular fibrillation (Vfib)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									
Ventricular tachycardia (V-tach)	<input type="checkbox"/> Yes	<input type="checkbox"/> No/Unknown																																																																																																																																																																																																																																									

**2) FluSurv-NET Laboratory Survey (FSN 300.4)**

Question on 2025-26 Form	Question on 2026-27 Form
Testing facility name: _____ Testing facility ID: _____ Name of person responding to questions from laboratory: _____ Title: _____ Date: _____	Testing facility name: _____ Testing facility ID: _____ Name of person responding to questions from laboratory: _____ Date: _____
3. Does the laboratory perform diagnostic testing for influenza on-site? <ul style="list-style-type: none"> <li>• Yes -&gt; Answer question 4</li> <li>• No -&gt; Skip to question 7</li> </ul>	3. Does the laboratory perform diagnostic testing for influenza on-site? <ul style="list-style-type: none"> <li>• Yes -&gt; Answer question 4</li> <li>• No -&gt; Skip to question 8</li> </ul>
<b>4a. Select the kit name(s) (manufacturer) for the rapid influenza antigen diagnostic test(s) performed or planned to be used at the laboratory: (Check all that apply)</b> <input type="checkbox"/> Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.) <input type="checkbox"/> Binax NOW® Influenza A&B Card 2 (Abbott) <input type="checkbox"/> BioSign® Flu A+B or LifeSign LLC Status Flu A & B (Princeton BioMeditech Corp.) <input type="checkbox"/> CareStart Flu A&B Plus, (Access Bio, Inc.) <input type="checkbox"/> Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™) <input type="checkbox"/> OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> QuickVue® Influenza A+B Test (Quidel Corp.) <input type="checkbox"/> SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche) <input type="checkbox"/> SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™) <input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) <input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) <input type="checkbox"/> Sofia® 2 Flu + SARS Antigen FIA, (Quidel) †† <input type="checkbox"/> Sure-Vue™ Signature Influenza A and B Test Kit <input type="checkbox"/> XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™) <input type="checkbox"/> Other, specify: _____	<b>4a. Select the kit name(s) (manufacturer) for the rapid influenza antigen diagnostic test(s) performed or planned to be used at the laboratory: (Check all that apply)</b> <input type="checkbox"/> Acucy Influenza A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived), (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex), (Becton Dickinson & Co.) <input type="checkbox"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.) <input type="checkbox"/> Binax NOW® Influenza A&B Card 2 (Abbott) <input type="checkbox"/> BioSign® Flu A+B or LifeSign LLC Status Flu A & B (Princeton BioMeditech Corp.) <input type="checkbox"/> CareStart Flu A&B Plus, (Access Bio, Inc.) <input type="checkbox"/> McKesson Consult Influenza A & B Test (McKesson Medical-Surgical Inc.) <input type="checkbox"/> Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™) <input type="checkbox"/> OSOM Flu SARS-CoV-2 Combo Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC) <input type="checkbox"/> QuickVue® Influenza A+B Test (Quidel Corp.) <input type="checkbox"/> SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche) <input type="checkbox"/> SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™) <input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.) <input type="checkbox"/> Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.) <input type="checkbox"/> Sofia® 2 Flu + SARS Antigen FIA, (Quidel) <input type="checkbox"/> Sure-Vue™ Signature Influenza A and B Test Kit <input type="checkbox"/> XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™) <input type="checkbox"/> Other, specify: _____
<b>5. Does the laboratory perform molecular assays (including rapid molecular, RT-PCRs, RVPs) for influenza?</b> <ul style="list-style-type: none"> <li>• Yes -&gt; Answer questions 5a-5c</li> <li>• No -&gt; Skip to question 6</li> </ul>	<b>5. Does the laboratory perform molecular assays (including rapid molecular, RT-PCRs, RVPs) for influenza?</b> <ul style="list-style-type: none"> <li>• Yes -&gt; Answer questions 5a-5b</li> <li>• No -&gt; Skip to question 6</li> </ul>
<b>5a. Select kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)</b>	<b>5a. Select kit name(s) (manufacturer) for all molecular assays performed or planned to be used at the laboratory: (Check all that apply)</b>

<p><input type="checkbox"/> Alinity M Resp-4 Plex Assay (Abbott)<sup>‡</sup></p> <p><input type="checkbox"/> Aptima SARS-CoV-2/Flu/A/B (Hologic)<sup>‡</sup></p> <p><input type="checkbox"/> ARIES<sup>®</sup> Flu A/B &amp; RSV+SARS-CoV-2 Assay (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> BioCode<sup>®</sup> CoV-2 Flu Plus Assay (Applied BioCode Inc)<sup>‡</sup></p> <p><input type="checkbox"/> BioCode Respiratory Pathogen Panel, (Applied BioCode Inc)<sup>*</sup></p> <p><input type="checkbox"/> BioFire FilmArray Pneumonia (PN) Panel</p> <p><input type="checkbox"/> BioFire FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)</p> <p><input type="checkbox"/> BioFire Respiratory Panel 2.1 (RP2.1) (Biomerieux)<sup>‡*</sup></p> <p><input type="checkbox"/> BioFire Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)<sup>‡*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory Panel <sup>†*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory Panel Mini <sup>†*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory/Sore Throat (R/ST) Panel<sup>†*</sup></p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)<sup>‡</sup></p> <p><input type="checkbox"/> Cobas Liat Influenza A/B &amp; RSV, (Roche Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> Cobas SARS-CoV-2 &amp; Influenza A/B (Roche Diagnostics) <sup>†*</sup></p> <p><input type="checkbox"/> Cobas SARS-CoV-2 &amp; Influenza A/B Nucleic Acid Test, (Roche Diagnostics)</p> <p><input type="checkbox"/> ePlex Respiratory Pathogen Panel 2, (Roche Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> ID Now<sup>™</sup> Influenza A&amp;B (CLIA Waived), (Abbott)<sup>‡</sup></p> <p><input type="checkbox"/> Lyra Influenza A+B Assay, (Quidel)</p> <p><input type="checkbox"/> NeuMoDX Influenza A/b, RSV, and SARS-Cov-2 Vantage Assay (Qiagen)<sup>‡</sup></p> <p><input type="checkbox"/> Nx-TAG Respiratory Pathogen Panel, (Diasorin)<sup>*</sup></p> <p><input type="checkbox"/> Nx-TAG<sup>®</sup> Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)<sup>‡*</sup></p> <p><input type="checkbox"/> Panther Fusion<sup>®</sup> Flu A/B RSV, (Assay Hologic)</p> <p><input type="checkbox"/> Panther Fusion SARS-CoV-2/Flu A/B/RSV (Hologic)<sup>‡</sup></p> <p><input type="checkbox"/> QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)<sup>‡*</sup></p> <p><input type="checkbox"/> Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> RealStar Influenza Screen &amp; Type RT-PCR</p> <p><input type="checkbox"/> Simplexa<sup>™</sup> COVID-19 &amp; Flu A/B Direct (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> Simplexa<sup>™</sup> Flu A/B &amp; RSV Direct Gen II (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> Solana Influenza A+B Assay, (Quidel)</p> <p><input type="checkbox"/> Solana Respiratory Viral Panel, (Quidel)</p> <p><input type="checkbox"/> Verigene<sup>®</sup> Respiratory Pathogen Nucleic Acid Test (RP Flex), (Diasorin)<sup>*</sup></p> <p><input type="checkbox"/> Xpert Xpress COV-2/Flu/RSV plus (Cepheid)<sup>‡†</sup></p> <p><input type="checkbox"/> Xpert Xpress Flu/RSV Assay, (Cepheid) <sup>†</sup></p> <p><input type="checkbox"/> In-house developed PCR assay</p> <p><input type="checkbox"/> Other, specify: _____</p> <p><sup>†</sup>= Rapid Molecular    <sup>*</sup>= can detect subtype    <sup>‡</sup>=Multiplex for influenza/SARS-CoV-2</p>	<p><input type="checkbox"/> Alinity M Resp-4 Plex Assay (Abbott)<sup>‡</sup></p> <p><input type="checkbox"/> Allplex Respiratory Panel A1 (Seegene)<sup>‡</sup></p> <p><input type="checkbox"/> Allplex RV Master Assay (Seegene)<sup>‡</sup></p> <p><input type="checkbox"/> Allplex SARS-CoV-2/Flu A/Flu B/RSV Assay (Seegene)<sup>‡</sup></p> <p><input type="checkbox"/> Aptima SARS-CoV-2/Flu/A/B (Hologic)<sup>‡</sup></p> <p><input type="checkbox"/> ARIES<sup>®</sup> Flu A/B &amp; RSV+SARS-CoV-2 Assay (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> BD Respiratory Viral Panel for BD MAX System (BD)<sup>‡</sup></p> <p><input type="checkbox"/> BioCode<sup>®</sup> CoV-2 Flu Plus Assay (Applied BioCode Inc)<sup>‡</sup></p> <p><input type="checkbox"/> BioCode<sup>®</sup> Respiratory Pathogen Panel, (Applied BioCode Inc)<sup>*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> FilmArray Pneumonia (PN) Panel</p> <p><input type="checkbox"/> BioFire<sup>®</sup> FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)</p> <p><input type="checkbox"/> BioFire<sup>®</sup> Respiratory Panel 2.1 (RP2.1) (Biomerieux)<sup>‡*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)<sup>‡*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> Respiratory 2.1plus (RP2.1plus) Panel (Biomerieux)<sup>‡*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory Panel<sup>†*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory Panel Mini<sup>†*</sup></p> <p><input type="checkbox"/> BioFire<sup>®</sup> SpotFire<sup>®</sup> Respiratory/Sore Throat (R/ST) Panel<sup>†*</sup></p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set, (CDC Influenza Division)</p> <p><input type="checkbox"/> CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)<sup>‡</sup></p> <p><input type="checkbox"/> Cobas Liat Influenza A/B &amp; RSV, (Roche Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> Cobas Liat SARS-CoV-2, Influenza A/B, and RSV (Roche)<sup>‡†</sup></p> <p><input type="checkbox"/> Cobas SARS-CoV-2 &amp; Influenza A/B (Roche Diagnostics)<sup>‡†</sup></p> <p><input type="checkbox"/> Cobas SARS-CoV-2 &amp; Influenza A/B Nucleic Acid Test, (Roche Diagnostics)</p> <p><input type="checkbox"/> ePlex Respiratory Pathogen Panel 2, (Roche Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> ID Now<sup>™</sup> Influenza A&amp;B (CLIA Waived), (Abbott)<sup>‡</sup></p> <p><input type="checkbox"/> ID Now<sup>™</sup> Influenza A&amp;B 2 (CLIA Waived) (Abbott)<sup>‡</sup></p> <p><input type="checkbox"/> Liaison NES Flu A/B, RSV, &amp; COVID-19 Assay (Diasorin)<sup>‡†</sup></p> <p><input type="checkbox"/> Liaison Plex Respiratory Flex Assay (Diasorin)<sup>‡†</sup></p> <p><input type="checkbox"/> Lyra Influenza A+B Assay, (Quidel)</p> <p><input type="checkbox"/> NeuMoDX influenza A/b, RSV, and SARS-Cov-2 Vantage Assay (Qiagen)<sup>‡</sup></p> <p><input type="checkbox"/> Nx-TAG<sup>®</sup> Respiratory Pathogen Panel, (Diasorin)<sup>*</sup></p> <p><input type="checkbox"/> Nx-TAG<sup>®</sup> Respiratory Pathogen Panel v2 (Diasorin)<sup>‡*</sup></p> <p><input type="checkbox"/> Nx-TAG<sup>®</sup> Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)<sup>‡*</sup></p> <p><input type="checkbox"/> Panther Fusion<sup>®</sup> Flu A/B RSV, Assay (Hologic)</p> <p><input type="checkbox"/> Panther Fusion<sup>®</sup> SARS-CoV-2/Flu A/B/RSV (Hologic)<sup>‡</sup></p> <p><input type="checkbox"/> QIAstat-Dx Respiratory Panel Mini (QIAGEN)<sup>‡</sup></p> <p><input type="checkbox"/> QIAstat-Dx Respiratory Panel Plus (QIAGEN)<sup>‡†</sup></p> <p><input type="checkbox"/> QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)<sup>‡†</sup></p> <p><input type="checkbox"/> Quest Diagnostics RC COVID-19 +Flu RT-PCR, (Quest Diagnostics)<sup>‡</sup></p> <p><input type="checkbox"/> RealStar Influenza Screen &amp; Type RT-PCR (Altona Diagnostics)</p> <p><input type="checkbox"/> RealStar Influenza Screen &amp; Type RT-PCR 4.0 (Altona Diagnostics)<sup>*</sup></p> <p><input type="checkbox"/> Simplexa<sup>™</sup> COVID-19/Flu A/B/RSV Direct (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> Simplexa<sup>™</sup> COVID-19 &amp; Flu A/B Direct (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> Simplexa<sup>™</sup> Flu A/B &amp; RSV Direct Gen II (Diasorin)<sup>‡</sup></p> <p><input type="checkbox"/> Solana Influenza A+B Assay, (Quidel)</p> <p><input type="checkbox"/> Solana Respiratory Viral Panel, (Quidel)</p> <p><input type="checkbox"/> The Metrix COVID/Flu Test (Sekisui Diagnostics)<sup>‡†</sup></p> <p><input type="checkbox"/> Verigene<sup>®</sup> Respiratory Pathogen Nucleic Acid Test (RP Flex), (Diasorin)<sup>*</sup></p> <p><input type="checkbox"/> Xpert Xpress COV-2/Flu/RSV plus (Cepheid)<sup>‡</sup></p> <p><input type="checkbox"/> Xpert Xpress Flu (Cepheid)<sup>‡</sup></p> <p><input type="checkbox"/> Xpert Xpress Flu/RSV Assay, (Cepheid)<sup>‡</sup></p> <p><input type="checkbox"/> In-house developed PCR assay</p> <p><input type="checkbox"/> Other, specify: _____</p>
<p><b>5b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular</b></p>	<p><b>5b. If more than one kit is selected above, please select the one kit that is (or will be) used most frequently for molecular assay</b></p>

<p><b>assay at the laboratory during the current influenza season:</b></p>	<p><b>at the laboratory during the current influenza season:</b></p>
<p><b>5c. Does the laboratory perform influenza A subtyping?</b></p>	<p><b>5b. Does the laboratory perform influenza A subtyping?</b></p>
<p><b>6a. Which influenza test method does the laboratory perform most frequently for hospitalized pediatric patients (aged 0-17 years)? (Select one)</b></p> <ul style="list-style-type: none"> <li>• Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li>• Rapid Molecular assay – singleplex (influenza only)†</li> <li>• Rapid Molecular assay – dualplex/multiplex†</li> <li>• Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li>• Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/multiplex/ respiratory viral panel (RVP)</li> <li>• Not applicable (no pediatric testing)</li> </ul>	<p><b>6. Of the kits selected in 4a and 5a, which influenza test kit does the laboratory perform most frequently for hospitalized and ED pediatric patients (aged 0-17 years)? (Select one)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Two kits are equally used most frequently</li> <li><input type="radio"/> Acucy Influenza A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="radio"/> Alinity M Resp-4 Plex Assay (Abbott)†</li> <li><input type="radio"/> Allplex Respiratory Panel A1 (Seegene)†</li> <li><input type="radio"/> Allplex RV Master Assay (Seegene)†</li> <li><input type="radio"/> Allplex SARS-CoV-2/Flu A/Flu B/RSV Assay (Seegene)†</li> <li><input type="radio"/> Aptima SARS-CoV-2/Flu A/B (Hologic)†</li> <li><input type="radio"/> ARIES® Flu A/B &amp; RSV+SARS-CoV-2 Assay (Diasorin)†</li> <li><input type="radio"/> BD Respiratory Viral Panel for BD MAX System (BD)†</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived) (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex) (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 &amp; Flu A+B (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> Binax NOW® Influenza A&amp;B Card 2 (Abbott)</li> <li><input type="radio"/> BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc)†</li> <li><input type="radio"/> BioCode® Respiratory Pathogen Panel (Applied BioCode Inc)†</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="radio"/> BioFire® FilmArray Pneumonia (PN) Panel</li> <li><input type="radio"/> BioFire® FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)</li> <li><input type="radio"/> BioFire® Respiratory Panel 2.1 (RP2.1) (Biomerieux)†</li> <li><input type="radio"/> BioFire® Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)†</li> <li><input type="radio"/> BioFire® Respiratory 2.1plus (RP2.1plus) Panel (Biomerieux)†</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory Panel†</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory Panel Mini†</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory/Sore Throat (R/ST) Panel†</li> <li><input type="radio"/> BioSign® Flu A+B or LifeSign LLC Status Flu A &amp; B (Princeton BioMeditech Corp.)</li> <li><input type="radio"/> CareStart Flu A&amp;B Plus (Access Bio, Inc.)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set (CDC Influenza Division)</li> </ul>

- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)†‡
- Cobas Liat Influenza A/B & RSV (Roche Diagnostics)†
- Cobas Liat SARS-CoV-2, Influenza A/B, and RSV (Roche)†‡
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†‡
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test (Roche Diagnostics)
- ePlex Respiratory Pathogen Panel 2 (Roche Diagnostics)†‡
- ID Now™ Influenza A&B (CLIA-Waived) (Abbott)†
- ID Now™ Influenza A&B 2 (CLIA-Waived) (Abbott)†
- In-house developed PCR assay
- Liaison NES Flu A/B, RSV, & COVID-19 Assay (Diasorin)†‡
- Liaison Plex Respiratory Flex Assay (Diasorin)†‡
- Lyra Influenza A+B Assay (Quidel)
- McKesson Consult Influenza A & B Test (McKesson Medical-Surgical Inc.)
- Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™)
- NeuMoDX Influenza A/b, RSV, and SARS-CoV-2 Vantage Assay (Qiagen)†‡
- Nx-TAG® Respiratory Pathogen Panel (Diasorin)†
- Nx-TAG® Respiratory Pathogen Panel v2 (Diasorin)†‡
- Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)†‡
- OSOM Flu SARS-CoV-2 Combo Test (Sekisui Diagnostics, LLC)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- Panther Fusion® Flu A/B RSV Assay (Hologic)
- Panther Fusion® SARS-CoV-2/Flu A/B/RSV (Hologic)†‡
- QIAstat-Dx Respiratory Panel Mini (QIAGEN)†‡
- QIAstat-Dx Respiratory Panel Plus (QIAGEN)†‡
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)†‡
- Quest Diagnostics RC COVID-19 + Flu RT-PCR (Quest Diagnostics)†‡
- QuickVue® Influenza A+B Test (Quidel Corp.)
- RealStar Influenza Screen & Type RT-PCR (Altona Diagnostics)
- RealStar Influenza Screen & Type RT-PCR 4.0 (Altona Diagnostics)†
- SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
- SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™)
- Simplexa™ COVID-19/Flu A/B/RSV Direct (Diasorin)†‡
- Simplexa™ COVID-19 & Flu A/B Direct (Diasorin)†‡
- Simplexa™ Flu A/B & RSV Direct Gen II (Diasorin)†‡
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
- Sofia® 2 Flu + SARS Antigen FIA (Quidel)
- Solana Influenza A+B Assay (Quidel)
- Solana Respiratory Viral Panel (Quidel)
- Sure-Vue™ Signature Influenza A and B Test Kit
- The Metrix COVID/Flu Test (Sekisui Diagnostics)†‡
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Diasorin)†
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™)
- Xpert Xpress COV-2/Flu/RSV plus (Cepheid)†‡
- Xpert Xpress Flu (Cepheid)†
- Xpert Xpress Flu/RSV Assay (Cepheid)†
- Not applicable (no pediatric testing)
- Other, specify: \_\_\_\_\_

†= Rapid Molecular    \* = can detect subtype    ‡=Multiplex for influenza/SARS-CoV-2

**6a. If you responded to 6 that two kits are used with equal frequency for pediatric testing, please select the two kits. If not**

**applicable, skip to question 7.**

- Acucy Influenza A&B Test (Sekisui Diagnostics, LLC)
- Alinity M Resp-4 Plex Assay (Abbott)†
- Allplex Respiratory Panel A1 (Seegene)†
- Allplex RV Master Assay (Seegene)†
- Allplex SARS-CoV-2/Flu A/Flu B/RSV Assay (Seegene)†
- Aptima SARS-CoV-2/Flu A/B (Hologic)†
- ARIES® Flu A/B & RSV+SARS-CoV-2 Assay (Diasorin)†
- BD Respiratory Viral Panel for BD MAX System (BD)†
- BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived) (Becton Dickinson & Co.)
- BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex) (Becton Dickinson & Co.)
- BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.)
- Binax NOW® Influenza A&B Card 2 (Abbott)
- BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc)†
- BioCode® Respiratory Pathogen Panel (Applied BioCode Inc)†
- BioFire® FilmArray Pneumonia (PN) Panel
- BioFire® FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)
- BioFire® Respiratory Panel 2.1 (RP2.1) (Biomerieux)†
- BioFire® Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)†
- BioFire® Respiratory 2.1plus (RP2.1plus) Panel (Biomerieux)†
- BioFire® SpotFire® Respiratory Panel††
- BioFire® SpotFire® Respiratory Panel Mini††
- BioFire® SpotFire® Respiratory/Sore Throat (R/ST) Panel††
- BioSign® Flu A+B or LifeSign LLC Status Flu A & B (Princeton BioMeditech Corp.)
- CareStart Flu A&B Plus (Access Bio, Inc.)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)

- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set (CDC Influenza Division)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)<sup>†</sup>
- Cobas Liat Influenza A/B & RSV (Roche Diagnostics)<sup>†</sup>
- Cobas Liat SARS-CoV-2, Influenza A/B, and RSV (Roche)<sup>††</sup>
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)<sup>††</sup>
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test (Roche Diagnostics)
- ePlex Respiratory Pathogen Panel 2 (Roche Diagnostics)<sup>†</sup>
- ID Now™ Influenza A&B (CLIA-Waived) (Abbott)<sup>†</sup>
- ID Now™ Influenza A&B 2 (CLIA-Waived) (Abbott)<sup>†</sup>
- In-house developed PCR assay
- Liaison NES Flu A/B, RSV, & COVID-19 Assay (Diasorin)<sup>††</sup>
- Liaison Plex Respiratory Flex Assay (Diasorin)<sup>†</sup>
- Lyra Influenza A+B Assay (Quidel)
- McKesson Consult Influenza A & B Test (McKesson Medical-Surgical Inc.)
- Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™)
- NeuMoDX Influenza A/b, RSV, and SARS-CoV-2 Vantage Assay (Qiagen)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel (Diasorin)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel v2 (Diasorin)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)<sup>†</sup>
- OSOM Flu SARS-CoV-2 Combo Test (Sekisui Diagnostics, LLC)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- Panther Fusion® Flu A/B RSV Assay (Hologic)
- Panther Fusion® SARS-CoV-2/Flu A/B/RSV (Hologic)<sup>†</sup>
- QIAstat-Dx Respiratory Panel Mini (QIAGEN)<sup>†</sup>
- QIAstat-Dx Respiratory Panel Plus (QIAGEN)<sup>†</sup>
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)<sup>†</sup>
- Quest Diagnostics RC COVID-19 + Flu RT-PCR (Quest Diagnostics)<sup>†</sup>
- QuickVue® Influenza A+B Test (Quidel Corp.)
- RealStar Influenza Screen & Type RT-PCR (Altona Diagnostics)
- RealStar Influenza Screen & Type RT-PCR 4.0 (Altona Diagnostics)<sup>†</sup>
- SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
- SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™)
- Simplexa™ COVID-19/Flu A/B/RSV Direct (Diasorin)<sup>†</sup>
- Simplexa™ COVID-19 & Flu A/B Direct (Diasorin)<sup>†</sup>
- Simplexa™ Flu A/B & RSV Direct Gen II (Diasorin)<sup>†</sup>
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
- Sofia® 2 Flu + SARS Antigen FIA (Quidel)
- Solana Influenza A+B Assay (Quidel)
- Solana Respiratory Viral Panel (Quidel)
- Sure-Vue™ Signature Influenza A and B Test Kit
- The Metrix COVID/Flu Test (Sekisui Diagnostics)<sup>††</sup>
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Diasorin)<sup>†</sup>
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™)
- Xpert Xpress COV-2/Flu/RSV plus (Cepheid)<sup>††</sup>
- Xpert Xpress Flu (Cepheid)<sup>†</sup>
- Xpert Xpress Flu/RSV Assay (Cepheid)<sup>†</sup>
- Other, specify: \_\_\_\_\_

	<p>†= Rapid Molecular * = can detect subtype ‡=Multiplex for influenza/SARS-CoV-2</p>
<p><b>6b. Which influenza test method does the laboratory perform most frequently for hospitalized adult patients (aged ≥18 years)? (Select one)</b></p> <ul style="list-style-type: none"> <li>• Rapid influenza antigen diagnostic test (rapid test, RIDT)</li> <li>• Rapid Molecular assay – singleplex (influenza only)†</li> <li>• Rapid Molecular assay – dualplex/multiplex†</li> <li>• Standard Molecular assay (e.g. RT-PCR, NAAT) – singleplex (influenza only)</li> <li>• Standard Molecular assay (e.g. RT-PCR, NAAT) – dualplex/multiplex/ respiratory viral panel (RVP)</li> <li>• Not applicable (no pediatric testing)</li> </ul>	<p><b>7. Of the kits selected in 4a and 5a, which influenza test kit does the laboratory perform most frequently for hospitalized and ED adult patients (aged ≥18 years)? (Select one)</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Two kits are equally used most frequently</li> <li><input type="radio"/> Acucy Influenza A&amp;B Test (Sekisui Diagnostics, LLC)</li> <li><input type="radio"/> Alinity M Resp-4 Plex Assay (Abbott)‡</li> <li><input type="radio"/> Allplex Respiratory Panel A1 (Seegene)†</li> <li><input type="radio"/> Allplex RV Master Assay (Seegene)†</li> <li><input type="radio"/> Allplex SARS-CoV-2/Flu A/Flu B/RSV Assay (Seegene)‡</li> <li><input type="radio"/> Aptima SARS-CoV-2/Flu A/B (Hologic)‡</li> <li><input type="radio"/> ARIES® Flu A/B &amp; RSV+SARS-CoV-2 Assay (Diasorin)‡</li> <li><input type="radio"/> BD Respiratory Viral Panel for BD MAX System (BD)‡</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived) (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex) (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> BD Veritor™ System for Rapid Detection of SARS-CoV-2 &amp; Flu A+B (Becton Dickinson &amp; Co.)</li> <li><input type="radio"/> Binax NOW® Influenza A&amp;B Card 2 (Abbott)</li> <li><input type="radio"/> BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc)‡</li> <li><input type="radio"/> BioCode® Respiratory Pathogen Panel (Applied BioCode Inc)‡</li> </ul> <hr/> <ul style="list-style-type: none"> <li><input type="radio"/> BioFire® FilmArray Pneumonia (PN) Panel</li> <li><input type="radio"/> BioFire® FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)</li> <li><input type="radio"/> BioFire® Respiratory Panel 2.1 (RP2.1) (Biomerieux)‡</li> <li><input type="radio"/> BioFire® Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)‡</li> <li><input type="radio"/> BioFire® Respiratory 2.1plus (RP2.1plus) Panel (Biomerieux)‡</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory Panel**‡</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory Panel Mini†‡</li> <li><input type="radio"/> BioFire® SpotFire® Respiratory/Sore Throat (R/ST) Panel†‡</li> <li><input type="radio"/> BioSign® Flu A+B or LifeSign LLC Status Flu A &amp; B (Princeton BioMeditech Corp.)</li> <li><input type="radio"/> CareStart Flu A&amp;B Plus (Access Bio, Inc.)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)</li> <li><input type="radio"/> CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set (CDC Influenza Division)</li> </ul>

- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)†‡
- Cobas Liat Influenza A/B & RSV (Roche Diagnostics)†
- Cobas Liat SARS-CoV-2, Influenza A/B, and RSV (Roche)†‡
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)†‡
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test (Roche Diagnostics)
- ePlex Respiratory Pathogen Panel 2 (Roche Diagnostics)†‡
- ID Now™ Influenza A&B (CLIA-Waived) (Abbott)†
- ID Now™ Influenza A&B 2 (CLIA-Waived) (Abbott)†
- In-house developed PCR assay
- Liaison NES Flu A/B, RSV, & COVID-19 Assay (Diasorin)†‡
- Liaison Plex Respiratory Flex Assay (Diasorin)†‡
- Lyra Influenza A+B Assay (Quidel)
- McKesson Consult Influenza A & B Test (McKesson Medical-Surgical Inc.)
- Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™)
- NeuMoDX Influenza A/b, RSV, and SARS-CoV-2 Vantage Assay (Qiagen)†‡
- Nx-TAG® Respiratory Pathogen Panel (Diasorin)†
- Nx-TAG® Respiratory Pathogen Panel v2 (Diasorin)†
- Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)†‡
- OSOM Flu SARS-CoV-2 Combo Test (Sekisui Diagnostics, LLC)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- Panther Fusion® Flu A/B RSV Assay (Hologic)
- Panther Fusion® SARS-CoV-2/Flu A/B/RSV (Hologic)†‡
- QIAstat-Dx Respiratory Panel Mini (QIAGEN)†‡
- QIAstat-Dx Respiratory Panel Plus (QIAGEN)†‡
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)†‡
- Quest Diagnostics RC COVID-19 + Flu RT-PCR (Quest Diagnostics)†
- QuickVue® Influenza A+B Test (Quidel Corp.)
- RealStar Influenza Screen & Type RT-PCR (Altona Diagnostics)
- RealStar Influenza Screen & Type RT-PCR 4.0 (Altona Diagnostics)†
- SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
- SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™)
- Simplexa™ COVID-19/Flu A/B/RSV Direct (Diasorin)†‡
- Simplexa™ COVID-19 & Flu A/B Direct (Diasorin)†‡
- Simplexa™ Flu A/B & RSV Direct Gen II (Diasorin)†‡
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
- Sofia® 2 Flu + SARS Antigen FIA (Quidel)
- Solana Influenza A+B Assay (Quidel)
- Solana Respiratory Viral Panel (Quidel)
- Sure-View™ Signature Influenza A and B Test Kit
- The Metrix COVID/Flu Test (Sekisui Diagnostics)†‡
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Diasorin)
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™)
- Xpert Xpress COV-2/Flu/RSV plus (Cepheid)†‡
- Xpert Xpress Flu (Cepheid)†
- Xpert Xpress Flu/RSV Assay (Cepheid)†
- Not applicable (no adult testing)
- Other, specify: \_\_\_\_\_

†= Rapid Molecular    \* = can detect subtype    ‡=Multiplex for influenza/SARS-CoV-2

**7a. If you responded to 7 that two kits are used with equal frequency for adult testing, please select the two kits. If not applicable, skip to question 8.**

- Acucy Influenza A&B Test (Sekisui Diagnostics, LLC)
- Alinity M Resp-4 Plex Assay (Abbott)†
- Allplex Respiratory Panel A1 (Seegene)†
- Allplex RV Master Assay (Seegene)†
- Allplex SARS-CoV-2/Flu A/Flu B/RSV Assay (Seegene)†
- Aptima SARS-CoV-2/Flu A/B (Hologic)†
- ARIES® Flu A/B & RSV+SARS-CoV-2 Assay (Diasorin)†
- BD Respiratory Viral Panel for BD MAX System (BD)†
- BD Veritor™ System for Rapid Detection of Flu A+B (CLIA-waived) (Becton Dickinson & Co.)
- BD Veritor™ System for Rapid Detection of Flu A+B (Moderately Complex) (Becton Dickinson & Co.)
- BD Veritor™ System for Rapid Detection of SARS-CoV-2 & Flu A+B (Becton Dickinson & Co.)
- Binax NOW® Influenza A&B Card 2 (Abbott)
- BioCode® CoV-2 Flu Plus Assay (Applied BioCode Inc)†
- BioCode® Respiratory Pathogen Panel (Applied BioCode Inc)†
- BioFire® FilmArray Pneumonia (PN) Panel
- BioFire® FilmArray Pneumonia plus (PNplus) Panel (Biomerieux)
- BioFire® Respiratory Panel 2.1 (RP2.1) (Biomerieux)†
- BioFire® Respiratory Panel 2.1-EZ (RP2.1-EZ) (Biomerieux)†
- BioFire® Respiratory 2.1plus (RP2.1plus) Panel (Biomerieux)†
- BioFire® SpotFire® Respiratory Panel††
- BioFire® SpotFire® Respiratory Panel Mini††
- BioFire® SpotFire® Respiratory/Sore Throat (R/ST) Panel††
- BioSign® Flu A+B or LifeSign LLC Status Flu A & B (Princeton BioMeditech Corp.)
- CareStart Flu A&B Plus (Access Bio, Inc.)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A Subtyping Kit), (CDC Influenza Division)
- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza A/B Typing Kit), (CDC Influenza Division)

- CDC Human Influenza Virus Real-Time RT-PCR Diagnostic Panel (Influenza B Lineage Genotyping Kit), (CDC Influenza Division)
- CDC Influenza A/H5 (Asian Lineage) Virus Real-Time RT-PCR Primer and Probe Set (CDC Influenza Division)
- CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex Assay (CDC Influenza Division)<sup>†</sup>
- Cobas Liat Influenza A/B & RSV (Roche Diagnostics)<sup>†</sup>
- Cobas Liat SARS-CoV-2, Influenza A/B, and RSV (Roche)<sup>††</sup>
- Cobas SARS-CoV-2 & Influenza A/B (Roche Diagnostics)<sup>††</sup>
- Cobas SARS-CoV-2 & Influenza A/B Nucleic Acid Test (Roche Diagnostics)
- ePlex Respiratory Pathogen Panel 2 (Roche Diagnostics)<sup>†</sup>
- ID Now™ Influenza A&B (CLIA-Waived) (Abbott)<sup>†</sup>
- ID Now™ Influenza A&B 2 (CLIA-Waived) (Abbott)<sup>†</sup>
- In-house developed PCR assay
- Liaison NES Flu A/B, RSV, & COVID-19 Assay (Diasorin)<sup>††</sup>
- Liaison Plex Respiratory Flex Assay (Diasorin)<sup>†</sup>
- Lyra Influenza A+B Assay (Quidel)
- McKesson Consult Influenza A & B Test (McKesson Medical-Surgical Inc.)
- Meridian Bioscience™ ImmunoCard STAT!™ FLU A&B (Fisher Scientific™)
- NeuMoDX Influenza A/b, RSV, and SARS-CoV-2 Vantage Assay (Qiagen)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel (Diasorin)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel v2 (Diasorin)<sup>†</sup>
- Nx-TAG® Respiratory Pathogen Panel + SARS-CoV-2 (Diasorin)<sup>†</sup>
- OSOM Flu SARS-CoV-2 Combo Test (Sekisui Diagnostics, LLC)
- OSOM Ultra Plus Flu A&B Test (Sekisui Diagnostics, LLC)
- Panther Fusion® Flu A/B RSV Assay (Hologic)
- Panther Fusion® SARS-CoV-2/Flu A/B/RSV (Hologic)<sup>†</sup>
- QIAstat-Dx Respiratory Panel Mini (QIAGEN)<sup>†</sup>
- QIAstat-Dx Respiratory Panel Plus (QIAGEN)<sup>†</sup>
- QIAstat-Dx Respiratory SARS-CoV-2 Panel (QIAGEN)<sup>†</sup>
- Quest Diagnostics RC COVID-19 + Flu RT-PCR (Quest Diagnostics)<sup>†</sup>
- QuickVue® Influenza A+B Test (Quidel Corp.)
- RealStar Influenza Screen & Type RT-PCR (Altona Diagnostics)
- RealStar Influenza Screen & Type RT-PCR 4.0 (Altona Diagnostics)<sup>†</sup>
- SARS-CoV-2 & Flu A/B Rapid Antigen Test (Roche)
- SEKISUI Diagnostics™ OSOM™ Ultra Plus Flu A and B Test Kit (Fisher Scientific™)
- Simplexa™ COVID-19/Flu A/B/RSV Direct (Diasorin)<sup>†</sup>
- Simplexa™ COVID-19 & Flu A/B Direct (Diasorin)<sup>†</sup>
- Simplexa™ Flu A/B & RSV Direct Gen II (Diasorin)<sup>†</sup>
- Sofia® Analyzer and Influenza A+B FIA (CLIA-waived) (Quidel Corp.)
- Sofia® Analyzer and Influenza A+B FIA (Quidel Corp.)
- Sofia® 2 Flu + SARS Antigen FIA (Quidel)
- Solana Influenza A+B Assay (Quidel)
- Solana Respiratory Viral Panel (Quidel)
- Sure-Vue™ Signature Influenza A and B Test Kit
- The Metrix COVID/Flu Test (Sekisui Diagnostics)<sup>††</sup>
- Verigene® Respiratory Pathogen Nucleic Acid Test (RP Flex) (Diasorin)<sup>†</sup>
- XPECT™ Influenza A/B (Remel Inc./Thermo Fisher Scientific™)
- Xpert Xpress COV-2/Flu/RSV plus (Cepheid)<sup>††</sup>
- Xpert Xpress Flu (Cepheid)<sup>†</sup>
- Xpert Xpress Flu/RSV Assay (Cepheid)<sup>†</sup>
- Other, specify: \_\_\_\_\_

	†= Rapid Molecular    * = can detect subtype    ‡=Multiplex for influenza/SARS-CoV-2
7. Does the lab send specimens to other labs for clinical testing of influenza? • Yes -> <i>Answer question 7a</i> • No -> <i>Skip to question 8</i>	8. Does the lab send specimens to other labs for clinical testing of influenza? • Yes -> <i>Answer question 8a</i> • No -> <i>Skip to question 9</i>
7a. Select all that apply: (optional) • Commercial lab(s): List names of all labs: _____ • Public Health lab(s): List names of all labs: _____ • Other lab(s): List names of all labs: _____	8a. Select all that apply: (optional) • Commercial lab(s): List names of all labs: _____ • Public Health lab(s): List names of all labs: _____ • Other lab(s): List names of all labs: _____
8. Laboratory Comments:	9. Laboratory Comments:
9. List all in-catchment FluSurv-NET hospital IDs (hosp_TX) associated with this testing facility. (Do not include names – CDC receives this info)	10. List all in-catchment FluSurv-NET hospital IDs (hosp_TX) associated with this testing facility. (Do not include names – CDC receives this info)

## **HAIC**

### **HAIC.400.1 MuGSI Case Report Form- 2027 changes crosswalk**

<b>Existing question</b>	<b>Modified question</b>
<p><b>Title:</b></p> <p>2026 Multi-site Gram-Negative Surveillance Initiative (MuGSI)</p> <p>Healthcare-Associated Infections Community Interface (HAIC) Case Report</p>	<p><b>Title:</b></p> <p>2027 Multi-site Gram-Negative Surveillance Initiative (MuGSI)</p> <p>Healthcare-Associated Infections Community Interface (HAIC) Case Report</p>
<p><b>19. Substance Use</b></p> <p><b>Other substances</b> (check all that apply)</p> <p>Opioid use disorder</p> <p>Injection drug use</p> <p>None documented</p> <p>Unknown</p>	<p><b>19. Substance Use</b></p> <p><b>Other substances</b></p> <p>Yes</p> <p>None documented</p> <p>Unknown</p> <p><i>If yes, check all the apply:</i></p> <p style="padding-left: 40px;">Marijuana</p> <p style="padding-left: 40px;">Opioid use disorder</p> <p style="padding-left: 40px;">Injection drug use</p>

### **HAIC.400.3 MuGSI SO Survey changes crosswalk**

<b>2025 Survey Question</b>	<b>2026 Survey Question</b>
<p><u>2025 HAIC Multi-site Gram-negative Surveillance Initiative (MuGSI) Supplemental Surveillance Officer Survey</u></p>	<p><u>2026 HAIC Multi-site Gram-negative Surveillance Initiative (MuGSI) Supplemental Surveillance Officer Survey</u></p>
<p>Please answer the following questions for the year <u>2025</u>, unless otherwise specified. The purpose of the survey is to verify and document current surveillance procedures, including isolate collection and testing methods at clinical laboratories. Please enter your responses into the corresponding REDCap database. If you have questions, please contact Joshua Brandenburg (<a href="mailto:ode4@cdc.gov">ode4@cdc.gov</a>) and the MuGSI Inbox (<a href="mailto:mugsi@cdc.gov">mugsi@cdc.gov</a>).</p>	<p>Please answer the following questions for the year <u>2026</u>, unless otherwise specified. The purpose of the survey is to verify and document current surveillance procedures, including isolate collection and testing methods at clinical laboratories. Please enter your responses into the corresponding REDCap database. If you have questions, please contact Joshua Brandenburg (<a href="mailto:ode4@cdc.gov">ode4@cdc.gov</a>) and the MuGSI Inbox (<a href="mailto:mugsi@cdc.gov">mugsi@cdc.gov</a>).</p>

2. Did any laboratories drop out of participation in 2024? _____ yes _____ no	2. Did any laboratories drop out of participation in 2025? _____ yes _____ no
3. In 2024, did you identify additional laboratories, regardless of location, which identify MuGSI isolates from persons who are residents of the MuGSI surveillance area at your site? _____ yes _____ no	4. In 2025, did you identify additional laboratories, regardless of location, which identify MuGSI isolates from persons who are residents of the MuGSI surveillance area at your site? _____ yes _____ no
4. Did your site send any MuGSI isolates to CDC for characterization in calendar year 2024? _____ yes _____ no	4. Did your site send any MuGSI isolates to CDC for characterization in calendar year 2025? _____ yes _____ no
5. How many isolates with a specimen collection date in 2024 did you expect to be able to collect from the clinical laboratories? _____ CRE; _____ CRAB; _____ ESBL; _____ iEC	5. How many isolates with a specimen collection date in 2025 did you expect to be able to collect from the clinical laboratories? _____ CRE; _____ CRAB; _____ ESBL; _____ iEC
6. What was the total number of isolates with a specimen collection date in 2024 that were collected from the clinical laboratories? _____ CRE; _____ CRAB; _____ ESBL; _____ iEC	6. What was the total number of isolates with a specimen collection date in 2025 that were collected from the clinical laboratories? _____ CRE; _____ CRAB; _____ ESBL; _____ iEC
<b>Laboratory Participation and Isolate Testing – Part 2</b>	<b>Laboratory Participation and Isolate Testing – Part 2</b>
<i>Please complete the following information for each clinical laboratory participating in MuGSI surveillance at your site in 2024</i>	<i>Please complete the following information for each clinical laboratory participating in MuGSI surveillance at your site in 2025</i>
2. In 2024, did your site update its inventory of facilities within the MuGSI surveillance area? _____ yes _____ no	2. In 2025, did your site update its inventory of facilities within the MuGSI surveillance area? _____ yes _____ no
4. Did your site geocode MuGSI cases in 2024? _____ yes _____ no	4. Did your site geocode MuGSI cases in 2025? _____ yes _____ no
5. Did your site match MuGSI cases to the state vital statistics death registry in 2024? _____ yes _____ no	5. Did your site match MuGSI cases to the state vital statistics death registry in 2025? _____ yes _____ no
6. Did your site complete CRF re-abstracts in 2024? _____ yes _____ no	6. Did your site complete CRF re-abstracts in 2025? _____ yes _____ no

**HAIC.400.4 ISA Case Report Form changes crosswalk**

Question on original 2026 form	Question on 2027 form
Invasive <i>Staphylococcus aureus</i> Healthcare-Associated Infections Community Interface (HAIC) Case Report - 2026 Q34a Did the patient have a positive test(s) for SARS-CoV-2 (molecular assay, antigen or other viral test; excluding serology) in the 90 days before or after the DISC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Specimen collection dates for positive tests in the 90 days before or day of DISC: First positive test: __-__-____ <input type="checkbox"/> Unknown Most recent positive test: __-__-____ <input type="checkbox"/> Unknown  COVID-NET CASE ID in the year before or day of the DISC: _____ <input type="checkbox"/> Unknown	Invasive <i>Staphylococcus aureus</i> Healthcare-Associated Infections Community Interface (HAIC) Case Report - 2027 Removed
36. Does this case have recurrent MRSA/MSSA disease? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  If yes, previous (1 <sup>st</sup> ) STATE ID: _____	Removed

**HAIC.400.5 ISA Lab Survey changes crosswalk**

Question on original 2026 form	Question on 2027 form
Thank you for completing this survey. We are asking you to complete this survey because your laboratory serves the catchment area for the Emerging Infections Program's (EIP) culture-based invasive <i>S. aureus</i> /MRSA surveillance program. Our aim for this survey is to understand how <i>S. aureus</i> /MRSA are identified from normally sterile site specimens in your lab. We also aim to understand circumstances in which identification of <i>S. aureus</i> /MRSA in a normally sterile site specimen may not be reported to EIP staff, potentially resulting in a missed surveillance case (e.g., if only positive cultures/isolates are reported in the line list, and a culture-independent diagnostic test is used). <b>PLEASE NOTE THAT ALL OF THE QUESTIONS APPLY TO TESTING OF SPECIMENS FROM NORMALLY STERILE SITES</b> (e.g., blood, CSF, bone, peritoneal fluid, etc.). (Do NOT include testing procedures for non-sterile site colonization, such as nasal or rectal swabs.)	Thank you for completing this survey. We are asking you to complete this survey because your laboratory serves the catchment area for the Emerging Infections Program's (EIP) culture-based <i>S. aureus</i> /MRSA bacteremia surveillance program. Our aim for this survey is to understand how <i>S. aureus</i> /MRSA are identified from blood specimens in your lab. We also aim to understand circumstances in which identification of <i>S. aureus</i> /MRSA in a blood specimen may not be reported to EIP staff, potentially resulting in a missed surveillance case (e.g., if only positive cultures/isolates are reported in the line list, and a culture-independent diagnostic test is used). <b>PLEASE NOTE THAT ALL OF THE QUESTIONS APPLY TO TESTING OF BLOOD SPECIMENS.</b>
3. Do you routinely set up culture for sterile site (blood, CSF, bone, etc.) specimens on site (in-house) at your laboratory?	3. Do you routinely set up blood cultures on site (in-house) at your laboratory?
<b>Question 4 asks about methods for identifying <i>S. aureus</i> or MRSA from a positive sterile site (blood, CSF, bone, etc.) culture.</b>	[deleted]
4. If a culture is positive, is an isolate always obtained?	4. If a blood culture is positive for <i>S. aureus</i> , is an isolate



<p>5c. Do you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?  <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Other, specify: _____</p> <p>5d. Do positive culture-independent diagnostic tests <b>directly</b> from normally sterile specimens appear in the <i>S. aureus</i> surveillance laboratory line lists (even if no positive associated culture)?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>																										
<p>5e. Do you plan to start offering any new tests that you are not currently using for detection of <i>S. aureus</i> or MRSA directly from a sterile source within the next year?  <input type="checkbox"/> Yes – GO TO Q5f      <input type="checkbox"/> No – END SURVEY</p>	<p>5g. Do you plan to start offering any new tests that you are not currently using for detection of <i>S. aureus</i> or MRSA directly from blood within the next year?  <input type="checkbox"/> Yes – GO TO Q5h                      <input type="checkbox"/> No – END SURVEY</p>																									
<p>5f. If yes, which tests do you plan to use to detect <i>S. aureus</i> directly from a sterile site source without culture? (sterile site sources only, i.e. blood, CSF, pleural fluid, bone, etc.)? Please check all that apply.</p> <p style="text-align: center;"> <input type="checkbox"/> T2Bacteria® Panel  <input type="checkbox"/> Other FDA-approved test, Specify _____  <input type="checkbox"/> Karius Test™  <input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)         </p> <p>5g. When do you plan to start offering these tests?          Month/Year: ____/____</p> <p>5h. Where do you plan to have these tests performed?  <input type="checkbox"/> On-site   <input type="checkbox"/> Send out, please specify lab _____</p> <p>5i. Will all positive tests directly from sterile sources (without positive culture) appear in the <i>S. aureus</i> surveillance laboratory line lists?  <input type="checkbox"/> Yes                      <input type="checkbox"/> No                      <input type="checkbox"/> Unknown</p> <p>5j. Will you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?  <input type="checkbox"/> Yes – END SURVEY    <input type="checkbox"/> No – END SURVEY  <input type="checkbox"/> Unknown – END SURVEY</p>	<p><small>For the table below, please indicate all tests listed in column 5h that you plan to start using within the next year. For each test that is routinely run, complete the remainder of the row (questions 5i-5j).</small></p> <table border="1" style="width:100%; border-collapse: collapse; font-size: 8pt;"> <thead> <tr> <th style="width:25%;">5h. If yes, which test(s) do you plan to use to detect <i>S. aureus</i> directly from blood without culture? Please check all that apply.</th> <th style="width:15%;">5i. When do you plan to start offering these test(s)? (Month/Year):</th> <th style="width:20%;">5j. Where do you plan to have these tests performed?</th> <th style="width:20%;">5k. Will all positive tests directly from blood (without positive culture) appear in the <i>S. aureus</i> surveillance laboratory line lists?</th> <th style="width:20%;">5l. Will you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> T2Bacteria® Panel</td> <td>____/____</td> <td><input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Other FDA-approved test, Specify _____</td> <td>____/____</td> <td><input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Karius Test™</td> <td>____/____</td> <td><input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)</td> <td>____/____</td> <td><input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</td> </tr> </tbody> </table>	5h. If yes, which test(s) do you plan to use to detect <i>S. aureus</i> directly from blood without culture? Please check all that apply.	5i. When do you plan to start offering these test(s)? (Month/Year):	5j. Where do you plan to have these tests performed?	5k. Will all positive tests directly from blood (without positive culture) appear in the <i>S. aureus</i> surveillance laboratory line lists?	5l. Will you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?	<input type="checkbox"/> T2Bacteria® Panel	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Other FDA-approved test, Specify _____	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Karius Test™	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
5h. If yes, which test(s) do you plan to use to detect <i>S. aureus</i> directly from blood without culture? Please check all that apply.	5i. When do you plan to start offering these test(s)? (Month/Year):	5j. Where do you plan to have these tests performed?	5k. Will all positive tests directly from blood (without positive culture) appear in the <i>S. aureus</i> surveillance laboratory line lists?	5l. Will you still obtain an isolate for <i>S. aureus</i> or MRSA if these tests are used?																						
<input type="checkbox"/> T2Bacteria® Panel	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																						
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<input type="checkbox"/> Other, Lab Developed Test (detects MRSA or SA)	____/____	<input type="checkbox"/> On-site <input type="checkbox"/> Send out, please specify lab _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																						

**HAIC.400.7 CDI Case Report Form crosswalk**

<b>Existing question</b>	<b>Modified question</b>
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<p><b>23a. Smoking</b></p> <p>Tobacco</p> <p>E-Nicotine delivery system</p> <p>Marijuana</p> <p>None documented</p> <p>Unknown</p>	<p><b>23a. Smoking</b></p> <p>Tobacco</p> <p>E-Nicotine delivery system</p> <p>None documented</p> <p>Unknown</p>
<p><b>23c. Other substances</b> (check all that apply)</p> <p>Opioid use disorder</p> <p>Injection drug use</p> <p>None documented</p> <p>Unknown</p>	<p><b>23c. Other substances</b></p> <p>Yes</p> <p>If yes, check all the apply:</p> <p>Marijuana</p> <p>Opioid use disorder</p> <p>Injection drug use</p> <p>None documented</p> <p>Unknown</p>

**HAIC.400.8 Annual Survey of Laboratory Testing Practices for C. difficile Infections crosswalk**

Existing question	Modified question
Was this a new laboratory in 2025?	Was this a new laboratory in 2026?
Did this lab participate in surveillance in 2025?	Did this lab participate in surveillance in 2026?
How often did you receive line lists from this lab in 2025?	How often did you receive line lists from this lab in 2026?
How did you receive line lists from this lab in 2025?	How did you receive line lists from this lab in 2026?
Did you receive specimens from this lab in 2025?	Did you receive specimens from this lab in 2026?
Was this lab audited in 2025?	Was this lab audited in 2026?
Types of facilities in your catchment area served by this lab in 2025	Types of facilities in your catchment area served by this lab in 2026

Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2025?	Did your laboratory ever send specimens off-site for Clostridioides difficile testing in 2026?
2a. Which testing method(s) for Clostridioides difficile (C. difficile) did your laboratory perform in 2025?	2a. Which testing method(s) for Clostridioides difficile (C. difficile) did your laboratory perform in 2026?
Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2025?	Did your laboratory use this testing method for Clostridioides difficile (C. difficile) in 2026?
Did you use this testing method in this way for all of 2025?	Did you use this testing method in this way for all of 2026?
3a. Which EIA test kit was used by your laboratory in 2025?	3a. Which EIA test kit was used by your laboratory in 2026?
3b. Which Nucleic Acid Amplification test was used by your laboratory in 2025?	3b. Which Nucleic Acid Amplification test was used by your laboratory in 2026?
4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens in 2025, did your laboratory suppress the C. difficile result so that clinicians could not see it?	4a. If your laboratory used a multiplexed molecular diagnostic (e.g., Biofire Filmarray GI Panel, Luminex xTAG GPP) to test for several GI pathogens in 2026, did your laboratory suppress the C. difficile result so that clinicians could not see it?
4b. If your laboratory used a multiplexed diagnostic in 2025 and the result was suppressed, where does the suppression occur?	4b. If your laboratory used a multiplexed diagnostic in 2026 and the result was suppressed, where does the suppression occur?
5a. If your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert C. difficile) as first line testing followed by a toxin EIA test (whenever NAAT result is positive) in 2025, did your laboratory suppress the positive NAAT result so that clinicians could not see it?	5a. If your laboratory used a nucleic acid amplification test (NAAT) (e.g., Cepheid Xpert C. difficile) as first line testing followed by a toxin EIA test (whenever NAAT result is positive) in 2026, did your laboratory suppress the positive NAAT result so that clinicians could not see it?
5b. If your laboratory used NAAT as first line testing followed by confirmatory toxin EIA testing in 2025, and both the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments to help the clinician interpret the test results (e.g., NAAT-positive only result might represent colonization, etc.)?	5b. If your laboratory used NAAT as first line testing followed by confirmatory toxin EIA testing in 2026, and both the NAAT and toxin EIA results were released to the clinician, did your laboratory provide any comments to help the clinician interpret the test results (e.g., NAAT-positive only result might represent colonization, etc.)?
6. What are the LOINC or internal testing codes associated with the tests your lab used in 2025 (e.g. LOINC codes 13957-6, 34713-8, or	6. What are the LOINC or internal testing codes associated with the tests your lab used in 2026 (e.g. LOINC codes 13957-6, 34713-8, or

54067-4)?	54067-4)?
7. Did your lab have a policy to reject stool specimens for <i>C. difficile</i> testing in 2025?	7. Did your lab have a policy to reject stool specimens for <i>C. difficile</i> testing in 2026?
7a. Did your rejection policy for stool specimens change between January 1, 2025 and December 31, 2025?	7a. Did your rejection policy for stool specimens change between January 1, 2026 and December 31, 2026?
8. How many stool samples did you test for <i>C. difficile</i> each month in 2025?	8. How many stool samples did you test for <i>C. difficile</i> each month in 2026?

**HAIC.400.9 CDI Annual Surveillance Officers Survey changes crosswalk**

<b>Existing question</b>	<b>Modified question</b>
2. In 2025, did any laboratories drop out of participation?	2. In 2026, did any laboratories drop out of participation?
3. In 2025, did you identify any additional laboratories inside or outside of your catchment area which identify <i>C.diff</i> assays from persons who are residents of your catchment area?	3. In 2026, did you identify any additional laboratories inside or outside of your catchment area which identify <i>C.diff</i> assays from persons who are residents of your catchment area?
10. Did your site complete a physician/outpatient provider survey in 2025?	10. Did your site complete a physician/outpatient provider survey in 2026?
13. For each facility that treated a case in 2025, please provide the following	13. For each facility that treated a case in 2026, please provide the following