CDC's Emerging Infections Program
Foodborne Diseases Active Surveillance Network (FoodNet)
Active Bacterial Core Surveillance (ABCs)

FoodNet Survey of Clinical Laboratory Practices, 2000

Return before April 7, 2000 to:

affix your FoodNet site address here

Completed by: _____ Laboratory ID _____
please print name

Position: **9** laboratory supervisor **9** microbiology supervisor
9 other (describe _____)

Phone number (____) ____ - _____ E-mail: _____

Fax number (____) ____ - _____

Date form completed: ___ / ___ / 2000
mon day

Laboratory ID # _____

Section A: Specimen Sending and Receiving for Bacterial Testing

1. For ***bacterial*** testing, what was the total number of fecal specimens including whole stools and rectal swabs (excluding *Clostridium difficile*), submitted to your laboratory for enteric screening in 1999? Please include specimens screened on-site and off-site. _____

   If no *fecal specimens were submitted to your laboratory for* ***bacterial*** *screening, skip to q. 12.*

2. Concerning specimens screened for ***bacterial*** organisms, how often are specimens for enteric screening **received by** your laboratory in the following manner:

   Note: routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%

   2a) As feces in a container not in transport media . . . **9** routinely **9** sometimes **9** rarely **9** never
   2b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   2c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   2d) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   2e) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   2f) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   2g) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   please describe: _____

3. Does your laboratory send any specimens off-site for ***bacterial*** enteric screening?
   9 Yes **9** No ***[skip to q. 5]***

   If yes, when utilizing an off-site reference facility for ***bacterial*** enteric screening, how often are specimens **sent from** your laboratory, to that off-site facility:
   3a) As feces in a container not in transport media . . . **9** routinely **9** sometimes **9** rarely **9** never
   3b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   3c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   3d) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   3e) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   3f) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   3g) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
   please describe: _____

4. Has your laboratory's routine use of off-site reference testing for ***bacterial*** pathogen screening changed significantly **in the past 2 years**?
   9 Yes, our routine utilization of off-site reference facilities for bacterial pathogen screening has **increased**
   9 Yes, our routine utilization of off-site reference facilities for bacterial pathogen screening has **decreased**
   9 No, our routine utilization of off-site reference facilities for bacterial pathogen screening has **not changed**

Section B: *Salmonella* Testing

5. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for ***Salmonella***?
   9 Yes **9** No ***[skip to q. 6]***

   5a. Where are specimens cultured for ***Salmonella***?
   9 On-site **9** Off-site (where: _____) ***[skip to q. 6]***

   5b. Is ***Salmonella*** part of your routine enteric screen? **9** Yes **9** No

   5c. How many fecal specimens were cultured on-site for ***Salmonella*** in 1999? _____

Laboratory ID # _____

Section C: *Shigella* Testing

6. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for ***Shigella***?
9 Yes **9** No ***[skip to q. 7]***

6a. Where are specimens cultured for ***Shigella***?
9 On-site **9** Off-site (where: _____) ***[skip to q. 7]***

6b. Is ***Shigella*** part of your routine enteric screen? **9** Yes **9** No

6c. How many fecal specimens were cultured on-site for ***Shigella*** in 1999? _____

Section D: *Campylobacter* Testing

7. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for ***Campylobacter***?
9 Yes **9** No ***[skip to q. 8]***

7a. Where are specimens cultured for ***Campylobacter***?
9 On-site **9** Off-site (where: _____) ***[skip to q. 8]***

7b. Is ***Campylobacter*** part of your routine enteric screen for all fecal specimens? **9** Yes **9** No

7c. How many fecal specimens were cultured on-site for ***Campylobacter*** in 1999? _____

7d. Does your laboratory use direct non-culture methods to test for ***Campylobacter***?
9 Yes **9** No ***[skip to q. 8]***

If yes, which tests?

a) Prospect *Campylobacter* Microplate Assay (Alexon-Trend) . . . . . **9** Yes **9** No
b) Campyslide (Becton Dickinson/BBL) . . . . . **9** Yes **9** No
c) *C. jejuni* BioProbe (Enzo diagnostics) . . . . . **9** Yes **9** No
d) AccuProbe *Campylobacter* Culture Identifcation Test (GenProbe) . . . . . **9** Yes **9** No
e) Campy PCR kit (Vita-Tech) . . . . . **9** Yes **9** No
f) Enteric PCR kit (Vita-Tech) . . . . . **9** Yes **9** No
g) Other . . . . . **9** Yes **9** No
if other, please describe: _____

h) Was this technology adopted by your laboratory within the last 2 years? **9** Yes **9** No

i) How many fecal specimens were tested by non-culture methods in 1999? _____

j) Does your laboratory routinely perform culture-based testing when a specimen is positive with a direct non-culture method for ***Campylobacter***? . . . . . **9** Yes **9** No

Laboratory ID # _____

Section E: *E. coli* O157 and STEC Testing

8. Does your laboratory test fecal specimens (either on-site or off-site) for ***E. coli* O157 or other STEC** (using either culture or non-culture methods) ?

9 Yes **9** No ***[skip to q. 9]***

8a. When does your lab test for ***E. coli* O157/STEC**?

9 all specimens routinely, or

9 under certain circumstances ***[check all that apply]***

- **9** when a physician specifically requests testing for *E. coli* O157/STEC
- **9** when specimen appears bloody
- **9** when the patient has history of bloody stools
- **9** when the patient is in a certain age group, specify: _____
- **9** during certain seasons (e.g., summer), specify: _____
- **9** when the patient has hemolytic uremic syndrome (HUS)
- **9** other, specify: _____

8b. Where are specimens tested for *E. coli* O157/ STEC?

9 Off-site only (where: _____)

Are specimens "batched" before sending? . . . . . **9** Yes **9** No

Please estimate the average number of days between specimen arrival in the laboratory and mailing _____ ***[skip to q. 9]***

9 On-site

8c. How many fecal specimens were tested on-site for ***E. coli* O157/STEC** in 1999? _____

8d. When testing for ***E. coli* O157**, what media/methods does your laboratory use? ***[check all that apply]***

- **9** Sorbitol-MacConkey agar (SMAC)
- **9** CT Sorbitol-MacConkey agar (CT-SMAC)
- **9** MacConkey agar
- **9** BCM O157:H7 agar
- **9** Rainbow agar
- **9** Chromagar O157
- **9** Enrichment broth, please specify: _____
- **9** Immunomagnetic beads
- **9** Other, please describe: _____

8e. When sorbitol negative colonies are detected, which of the following are performed in your laboratory? ***[check all that apply]***

- **9** A test to detect the O157 antigen (such as agglutination)
- **9** A test to detect the H7 antigen
- **9** A biochemical test to identify the organism as E. coli
- **9** Send the isolate to a reference lab or the state laboratory
- **9** Other, please describe: _____

8f. Does your laboratory use non-culture methods to screen for ***E. coli* O157/STEC**? **9** Yes **9** No

If no, will your laboratory have adopoted these methods in the next 6 months?? **9** Yes **9** No. . . . . ***[skip to q. 9]***

If yes, which tests?

a) Shiga toxin immunoassay (e.g., Meridian Premier EHEC, Alexon-Trend Prospect STEC) . . . **9** Yes **9** No

b) Immunoassay for O157 antigen (e.g., Meridian Immunocard STAT O157, Universal HealthWatch QUIX O157) . . . . . **9** Yes **9** No

c) Other . . . . . **9** Yes **9** No

if other, please describe: _____

8g. What year were non-culture methods adopted by your laboratory? . . . . . __ __ __ __

8f. How many fecal specimens were tested in your lab by non-culture methods for ***E. coli O157/*STEC** in 1999? _____

8h. When a specimen is **Shiga toxin positive** by non-culture method, does your laboratory routinely...

perform culture-based testing to isolate *E. coli* O157? . . . . . **9** Yes **9** No
plate out and test individual colonies to obtain Shiga toxin-positive isolates? . . . . . **9** Yes **9** No
send the specimen or isolate to the state laboratory? . . . . . **9** Yes **9** No

If yes to send specimen or isolate, under what circumstances? **[check all that apply],**

9 specimen/broth/plate sent routinely without further testing
9 isolate(s) sent routinely without further testing
9 isolate sent when *E. coli* O157 identified
9 specimen sent when *E. coli* O157 tested for but not identified
9 isolate sent, when non-O157 STEC identified
9 other, specify _____

Section F: *Vibrio* Testing

9. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for ***Vibrio***?
9 Yes **9** No ***[skip to q. 10]***

9a. Where are specimens cultured for ***Vibrio***?
9 On-site **9** Off-site (where: _____) ***[skip to q. 10]***

9b. Is ***Vibrio*** part of your routine enteric screen? **9** Yes ***[skip to q. 9c]*** **9** No

If no, when specifically requested by a physician, are fecal specimens cultured for ***Vibrio***?
9 Yes **9** No ***[skip to q. 10]***

9c. How many fecal specimens were cultured on-site for ***Vibrio*** in 1999? _____

9d. When testing for ***Vibrio***, what media/agar does your laboratory use?

a) Blood plate . . . . . **9** Yes **9** No
b) MacConkey plating media . . . . . **9** Yes **9** No
c) SS . . . . . **9** Yes **9** No
d) XLD . . . . . **9** Yes **9** No
e) TCBS . . . . . **9** Yes **9** No
f) MSA (mannitol salt agar) . . . . . **9** Yes **9** No
g) Other . . . . . **9** Yes **9** No
If g, please describe: _____

Section G: *Yersinia* Testing

10. Does your laboratory perform screening of fecal specimens (either on-site or off-site) for ***Yersinia***?
9 Yes **9** No ***[skip to q. 11]***

10a. Where are specimens cultured for ***Yersinia***?
9 On-site **9** Off-site (where: _____) ***[skip to q. 11]***

10b. Is ***Yersinia*** part of your routine enteric screen? **9** Yes ***[skip to q. 10c]*** **9** No

If no, when specifically requested by a physician, are fecal specimens cultured for ***Yersinia***?
9 Yes **9** No ***[skip to q. 11]***

10c. How many fecal specimens were cultured on-site for ***Yersinia*** in 1999? _____

10d. When testing for ***Yersinia***, what media/agar does your laboratory use?

a) MacConkey plating media . . . . . **9** Yes **9** No
b) SS . . . . . **9** Yes **9** No
c) XLD . . . . . **9** Yes **9** No
d) CIN . . . . . **9** Yes **9** No
e) Other . . . . . **9** Yes **9** No
If e, please describe: _____

Section H: Other Bacterial Testing

11. Does your laboratory have PCR-based testing capacity for enteric bacterial pathogens other than ***Campylobacter*** or ***E. coli***?

9 Yes. Please describe: _____
9 No _____
If yes, does your laboratory follow-up PCR-based testing with confirmatory culturing of pathogens? **9** Yes **9** No

Section I: Specimen Sending and Receiving for Parasitic Testing

12. For ***parasitic*** testing, what was the total number of fecal specimens, including whole stools and rectal swabs, submitted to your laboratory for enteric screening in 1999?
Please include specimens screened on-site and off-site. _____

If no *fecal specimens were submitted to your laboratory for* ***parasitic*** *screening,* ***skip to q. 34****.*

13. Concerning specimens screened for ***parasitic*** organisms, how often are specimens for enteric screening **received by** your laboratory in the following manner:

Note: routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%

13a) As feces in a container not in transport media . . . **9** routinely **9** sometimes **9** rarely **9** never
13b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13d) As feces in preservative for O&P . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13e) As a rectal swab . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13f) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13e) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13g) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13h) As a rectal swab in preservative for O&P . . . . . **9** routinely **9** sometimes **9** rarely **9** never
13i) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
please describe: _____

14. Does your laboratory send any specimens off-site for ***parasitic*** enteric screening?

9 Yes **9** No ***[skip to q. 16]***

If yes, when utilizing an off-site reference facility for ***parasitic*** enteric screening, how often are specimens **sent from** your laboratory, to that off-site facility:

14a) As feces in a container not in transport media . . . **9** routinely **9** sometimes **9** rarely **9** never
14b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14d) As feces in preservative for O&P . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14e) As a rectal swab . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14f) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14g) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14h) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14i) As a rectal swab in preservative for O&P . . . . . **9** routinely **9** sometimes **9** rarely **9** never
14j) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
please describe: _____

15. Has your laboratory's routine use of off-site reference testing for ***parasitic*** pathogen screening changed significantly **in the past 2 years**?
9 Yes, our routine utilization of off-site reference facilities for ***parasitic*** pathogen screening has **increased**
9 Yes, our routine utilization of off-site reference facilities for ***parasitic*** pathogen screening has **decreased**
9 No, our routine utilization of off-site reference facilities for ***parasitic*** pathogen screening has **not changed**

Section J: Ova and Parasite Testing

16. Do personnel in your laboratory perform the following procedures:

16a) Wet mounts, before concentration or sedimentation . . . . . **9** Yes **9** No
16b) Formalin-ethyl acetate concentration . . . . . **9** Yes **9** No
16c) Other concentration method . . . . . **9** Yes **9** No
Specify: _____
16d) Wheatley trichrome stain . . . . . **9** Yes **9** No
16e) Other permanent stain method . . . . . **9** Yes **9** No
Specify: _____
16f) Modified Kinyoun's acid fast . . . . . **9** Yes **9** No
16g) Parasitologic examination of other tissues or fluids . . . . . **9** Yes **9** No
16h) Antigen detection tests (e.g., EIA, FA) . . . . . **9** Yes **9** No
16i) Serologic tests for parasites (antibody detection) . . . . . **9** Yes **9** No
16j) Molecular diagnostic tests (e.g., PCR) . . . . . **9** Yes **9** No
16k) Parasite culture or inoculation in experimental animals . . . . . **9** Yes **9** No

Section K: *Cryptosporidium* Testing

17. Under what circumstances does your laboratory test for ***Cryptosporidium***? ***[mark one]***
9 All liquid fecal specimens, even if submitted for C&S testing
9 All liquid fecal specimens submitted for O&P
9 All fecal specimens submitted for O&P
9 All fecal specimens submitted for O&P from known HIV-positive persons
9 All fecal specimens submitted for O&P from hospitalized persons
9 All fecal specimens where *Cryptosporidium* testing is requested
9 No stool testing for *Cryptosporidium* is done on-site ***[skip to q. 21]***
9 Other, specify: _____
_____

18. What was the total number of fecal specimens **examined** by your laboratory for ***Cryptosporidium*** in 1999? _____

19. How many were positive for ***Cryptosporidium*** in 1999? _____

20. What type(s) of stains or techniques does your laboratory use for ***Cryptosporidium*** testing? Note: mark either routinely (i.e., all stools tested for ***Cryptosporidium***) OR confirmatory (i.e., only those that are or may be positive from a ***Cryptosporidium*** screening test) for those tests. *Do not mark both routinely and confirmatory*.

9 Wet mount, not stained . . . . . **9** Routinely **9** Confirmatory
9 Wet mount, iodine or other temporary stain . . . . . **9** Routinely **9** Confirmatory
9 Acid fast stain . . . . . **9** Routinely **9** Confirmatory
9 FA (direct immunofluorescence) . . . . . **9** Routinely **9** Confirmatory
9 ELISA . . . . . **9** Routinely **9** Confirmatory
9 PCR . . . . . **9** Routinely **9** Confirmatory
9 Other 1, ... **9** Routinely **9** Confirmatory
specify: _____
9 Other 2, ... **9** Routinely **9** Confirmatory
specify: _____

Section L: *Cyclospora* Testing

21. Under what circumstances does your laboratory test for ***Cyclospora***? ***[mark one]***

- **9** All liquid fecal specimens, even if submitted for C&S testing
- **9** All liquid fecal specimens submitted for O&P
- **9** All fecal specimens submitted for O&P
- **9** All fecal specimens submitted for O&P from known HIV-positive persons
- **9** All fecal specimens submitted for O&P from hospitalized persons
- **9** All fecal specimens where *Cyclospora* testing is requested
- **9** No stool testing for *Cyclospora* is done on-site ***[skip to q. 25]***
- **9** Other, specify: _____

22. What was the total number of fecal specimens **examined** by your laboratory for ***Cyclospora*** in 1999? _____

23. How many were positive for ***Cyclospora*** in 1999? _____

24. What type(s) of stains or techniques does your laboratory use for ***Cyclospora*** testing? Note: mark either routinely (i.e., all stools tested for ***Cyclospora***) OR confirmatory (i.e., only those that are or may be positive from a ***Cyclospora*** screening test) for those tests. *Do not mark both routinely and confirmatory*.

9 Wet mount, not stained	**9** Routinely	**9** Confirmatory
9 Wet mount, iodine or other temporary stain	**9** Routinely	**9** Confirmatory
9 Acid fast stain	**9** Routinely	**9** Confirmatory
9 Safranin stain	**9** Routinely	**9** Confirmatory
9 UV fluorescence	**9** Routinely	**9** Confirmatory
9 PCR	**9** Routinely	**9** Confirmatory
9 Other 1,specify: _____	**9** Routinely	**9** Confirmatory
9 Other 2,specify: _____	**9** Routinely	**9** Confirmatory

Section M: *Microsporidia* Testing

25. Under what circumstances does your laboratory test on-site for ***Microsporidia? [mark one]***

- ~ all liquid fecal specimens, even if submitted for C&S testing
- ~ all liquid fecal specimens submitted for O&P
- ~ all fecal specimens submitted for O&P from known HIV-positive persons
- ~ all fecal specimens submitted for O&P from hospitalized persons
- ~ all fecal specimens where Microsporidia testing is requested
- ~ no stool testing for Microsporidia is done on-site ***[skip to q. 29]***
- ~ other, specify: _____

26. What was the total number of fecal specimens **examined** by your laboratory for ***Microsporidia*** in 1999? _____

27. How many were positive for ***Microsporidia*** in 1999? _____

28. What type(s) of stains/techniques does your laboratory use for ***Microsporidia*** testing? If more than one stain/technique is used, please indicate (by marking the appropriate box) whether the particular stain/technique is used **Routinely** (i.e., to examine all stools tested for ***Microsporidia*****)** OR is used only as a **Confirmatory** test (i.e., to examine only those stools that are or may be positive with a screening test).

Type of Stain/technique used ***[Read all and mark ALL that apply]***	How is stain/technique used ***[Mark either, not both]***	
~ Chromotrope stain	~ Routinely	~ Confirmatory
~ Calcofluor white	~ Routinely	~ Confirmatory
~ PCR	~ Routinely	~ Confirmatory
~ Other 1, please specify	~ Routinely	~ Confirmatory
~ Other 2, please specify	~ Routinely	~ Confirmatory

Section N: *Toxoplasma* Testing

29. Does your laboratory offer on-site serology tests for ***Toxoplasma***?
9 On-site **9** Another laboratory (specify: _____) ***[skip to q. 34]***

30. Which of the following specimens are acceptable for Toxoplasma testing in your laboratory? ***[mark all that apply]***
9 Serum or plasma **9** CSF **9** Amnionic fluid **9** Tissue

31. Which of the following ***Toxoplasma*** tests does your laboratory perform? ***[mark all that apply]***

	IFA		EIA	
a) Ig	**9** Yes	**9** No	**9** Yes	**9** No
b) IgG	**9** Yes	**9** No	**9** Yes	**9** No
c) IgM	**9** Yes	**9** No	**9** Yes	**9** No
d) IgA	**9** Yes	**9** No	**9** Yes	**9** No
e) PCR	**9** Yes	**9** No		

32. If your laboratory wanted to confirm ***Toxoplasma*** results, to what laboratory(ies) are specimens sent?

_____

33. In 1999, how many serum or CSF specimens did you test for antibodies to ***Toxoplasma***?

	Ig/IgG	IgM
Total number tested:	_____	_____
Total number positive:	_____	_____

Section O: Specimen Sending and Receiving for Viral Testing

34. For ***viral*** organisms, what was the total number of fecal specimens including whole stools and rectal swabs, submitted to your laboratory for enteric screening in 1999?
Please include specimens screened on-site and off-site. _____

If no *fecal specimens were submitted to your laboratory for* ***viral*** *screening, skip to q. 40.*

35. Concerning specimens screened for ***viral*** organisms, how often are specimens for enteric screening **received by** your laboratory in the following manner:

> ***Note: routinely = >80%, sometimes = 20-80%, rarely = <20%, never = 0%***

a) As feces in a container not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
d) As a rectal swab . . . . . **9** routinely **9** sometimes **9** rarely **9** never
e) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
e) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
f) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
g) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
please describe: _____

36. Does your laboratory send any specimens off-site for ***viral*** enteric screening?
9 Yes **9** No ***[skip to q. 38]***

> ***If yes,*** when utilizing an off-site reference facility for ***viral*** enteric screening, how often are specimens **sent from** your laboratory, to that off-site facility:
> a) As feces in a container not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> b) As feces in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> c) As feces on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> d) As a rectal swab . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> e) As a rectal swab not in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> e) As a rectal swab in transport media . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> f) As a rectal swab on ice/refrigerated . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> g) Other . . . . . **9** routinely **9** sometimes **9** rarely **9** never
> please describe: _____

37. Has your laboratory's routine use of off-site reference testing for ***viral*** pathogen screening changed significantly **in the past 2 years**?
9 Yes, our routine utilization of off-site reference facilities has **increased**
9 Yes, our routine utilization of off-site reference facilities has **decreased**
9 No, our routine utilization of off-site reference facilities has **not changed**

Section P: Viral Testing

38. Please indicate the primary method of detection for the following viral agents:
a) Rotaviruses . . . . . **9** EM **9** EIA **9** RT-PCR **9** PAGE **9** No testing
b) Astroviruses . . . . . **9** EM **9** EIA **9** RT-PCR **9** No testing
c) Enteric Adenoviruses . . . . . **9** EIA **9** RT-PCR **9** No testing
d) Other, describe: _____

39. Does your laboratory perform testing for ***Norwalk-like virus***?
9 Yes. How does your laboratory test for this agent? **9** EM **9** EIA **9** RT-PCR
Is testing performed on-site or in another laboratory?
9 On-site **9** Another laboratory (specify:_____)
9 No. Do you think that these methods would be valuable for your laboratory to incorporate? **9** Yes **9** No

Section Q: *Streptococcus pneumoniae* Susceptibility Testing

40. Does your laboratory have any type of susceptibility testing performed on ***Streptococcus pneumoniae*** (pneumococcal) isolates, either in your laboratory or at a reference laboratory?
9 Yes, some or all testing is done in our laboratory
9 Yes, but all testing done at a reference laboratory ***[skip to q. 42]***
9 No ***[skip to q. 51]***

41. Under which agencies is your laboratory certified to perform antimicrobial susceptibility testing (AST)?
(mark all that apply) **9** CLIA **9** CAP **9** Other,specify_____

41a. Has your laboratory participated in proficiency surveys which included challenges for *S. pneumoniae* AST? **9** Yes **9** No ***[skip to q. 42]*** **9** Unknown ***[skip to q. 42]***

41b. If yes, have you performed a challenge including *S. pneumoniae* AST within last 5 years?
9 Yes, specify year_____ **9** No

42. For each of the following sources, how are **pneumococcal** isolates initially selected for susceptibility testing in your laboratory or at a reference laboratory?

Blood	**9** Always tested	**9** Tested on request	**9** Not tested
CSF	**9** Always tested	**9** Tested on request	**9** Not tested
Other sterile sources	**9** Always tested	**9** Tested on request	**9** Not tested
Sputum	**9** Always tested	**9** Tested on request	**9** Not tested

43. Does your laboratory perform oxacillin disk screening of **pneumococcal** isolates from blood, CSF, or other sterile sources?
9 Yes ***[skip to q. 43a]*** **9** No ***[skip to q. 43b]***

43a. **If yes,** how are sterile source isolates chosen for other susceptibility testing (either MIC testing or non-oxacillin disk diffusion tests)? ***(mark only one)***
9 All sterile source isolates undergo additional susceptibility testing ***[skip to q. 44]***
9 Only isolates with an oxacillin zone of **<=**_____ **mm** undergo further testing ***[skip to q. 44]***
9 Isolates undergo further susceptibility testing only upon physician request ***[skip to q. 44]***
9 Other, describe_____ ***[skip to q. 44]***
9 No further susceptibility testing is done ***[skip to q. 43b]***

43b**.** **If no,** how are sterile source isolates selected for other susceptibility testing? ***(mark only one)***
9 Perform MIC or disk diffusion testing on all isolates
9 Perform MIC or disk diffusion testing by physician request only
9 Other, describe_____
9 No further testing done ***[skip to q. 51]***

44. Where is MIC or disk diffusion testing (other than oxacillin disk) of sterile source isolates performed?
(mark all that apply)
9 In your laboratory
9 Isolates sent to a reference laboratory; specify lab(s)_____
9 Other, describe_____

45. What susceptibility testing is requested for sterile site ***S. pneumoniae*** isolates sent to a reference lab? ***(mark all that apply)***
9 Referred for oxacillin screening
9 Referred for MIC testing
9 Referred for non-oxacillin disk diffusion testing
9 Isolates not sent to reference laboratory

46. For each of the following antimicrobial agents, regardless if MIC or disk diffusion susceptiblity testing is performed either in your laboratory or at a reference laboratory, indicate whether the agent is tested, which testing methods are used, and if results are reported for **sterile source pneumococcal** isolates.

Drug	**Drug Tested?**	**Testing method(s) used (mark all that apply)**	**Results put in patient report?**
Penicillin (not oxacillin)	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Cefotaxime or Ceftriaxone	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Cefuroxime	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Meropenem	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Vancomycin	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Erythromycin	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Clindamycin	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Fluoroquinolones, specify _____	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Trimethoprim-sulfamethoxazole	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Rifampin	**9** In your lab **9** At reference lab **9** Not usually tested	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Chloramphenicol	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Tetracycline	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Synercid	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9** E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No
Other, specify _____	**9** Not usually tested **9** Tested in your lab **9** Tested at reference lab	**9** Kirby-Bauer disk diffusion **9**E-test **9** Broth microdilution **9** Other method*	**9** Yes **9** No

*46b. If you marked “other” for testing method, describe the method: _____

47. If you use broth microdilution testing for pneumococci, which type of microdilution panel is used?
- **9** In-house prepared CAMHB with lysed horse blood MIC panel
- **9** Pasco^{R}
- **9** MicroStrep^{R}
- **9** MicroTech^{R}
- **9** Sensititre
- **9** PML
- **9** Other commercial panel, specify_____
- **9** Don't know which panel is used

47a. How are broth microdilution panels read?
- **9** Use an **automated reader**, specify type and model _____
- **9** Read panels **manually**
- **9** Don't know how panels are read

48. How are MIC or disk testing diffusion results reported? ***(mark all that apply)***
- **9** As susceptibility categories (e.g., S = susceptible, I = intermediate, R = resistant)
- **9** By zone diameter (for disk testing)
- **9** By exact MIC value (e.g., MIC = 0.12 µg/ml)
- **9** Other, describe _____

49. Where are results for **pneumococcal** susceptibility testing stored (either done by your laboratory or results from a reference laboratory)? ***(mark all that apply)***
- **9** Patient medical records
- **9** Laboratory computer system
- **9** Held in the laboratory as a paper report
- **9** Other _____

50. How long are susceptibility testing records kept?
____ months OR _____ years ***(fill in one)***

50a. Are results readily accessible to laboratory personnel? **9** Yes **9** No
50b. If yes, how long are results readily accessible? ____ months OR _____ years ***(fill in one)***

51. Does your laboratory have any type of susceptibility testing performed on ***Enterobacteriaceae*** or ***Staphylococcus aureus***, either in your laboratory or at a reference laboratory?
- **G** Yes, some or all testing is done in our laboratory
- **G** Yes, but all of the testing is done in a reference laboratory (answer for reference laboratory methods)
- **G** No ***[skip to q. 27]***

52. For ***E. coli***, ***Klebsiella pneumoniae***, or ***K. oxytoca***:
52a. Do you routinely screen for extended-spectrum â-lactamases (ESBLs)? **G** Yes **G**No
52b. Do you change the susceptibility results reported to clinicians for third generation cephalosporins and aztreonam to "resistant" if ESBLs are present? **G** Yes **G** No

If no to both 52a. and 52b., why not? ***(mark only one)***
- **G** not required or part of protocol
- **G** no reagents available or too costly
- **G** not recommended by NCCLS
- **G** other reason, describe_____

If yes to either 52a. or 52b., which screening method do you use? ***(mark only one)***
- **G** NCCLS MIC or disk screening breakpoints for any extended spectrum cephalosporin or aztreonam without confirmation
- **G** NCCLS MIC or disk screening breakpoint and confirmation test with clavulanic acid
- **G** NCCLS MIC or disk traditional breakpoints but change susceptibility reported to clinicians as described above if isolates "resistant" to any extended spectrum cephalosporin or aztreonam
- **G** Other, describe _____

Laboratory ID # _____

53. For *S. aureus*, how do you test for vancomycin resistance? ***(mark all that apply)***

G MIC method with 24 hours incubation
G Agar Screen test
G Rapid MIC method (<24 hours incubation)
G Do not test *S. aureus* against vancomycin
G Disk diffusion
G E-test
G Send out to referral laboratory, method used is marked above

54. Do you perform or have a plan to perform confirmatory testing for ***S. aureus*** if vancomycin resistance is suspected?

G Yes **G** No ***[skip to q. 54c]***

54a. **If yes**, which *S. aureus* isolates would be selected for such confirmatory testing ***(mark only one)***

G All *S. aureus* isolates
G All isolates with zone diameter <14 mm
G All isolates with vancomycin MIC $4 ug/ml
G All isolates with vancomyicn MIC $8 ug/ml
G All MRSA isolates
G Other selection criteria_____

54b. **If yes**, how will confirmatory testing be done? ***(mark only one)***

G MIC method with 24 hours incubation
G Agar Screen test
G Rapid MIC method (<24 hours incubation)
G Disk diffusion
G Send to State Health Department
G E-test
G Send to CDC
G Send out to other referral laboratory, method used is marked above

54c. **If no**, why? ***(mark all that apply)***

G not required or part of protocol **G** primary testing is adequate, no confirmation is needed
G proper method is unknown to you **G** reagents unavailable or too costly
G other, describe _____

Section R: Evaluation

55. How would you characterize your level of satisfaction with FoodNet operation in the following areas?

a) Feedback . . . . . **9** good **9** adequate **9** needs improvement
b) Responsiveness . . . . . **9** good **9** adequate **9** needs improvement
c) Burden of work . . . . . **9** light **9** manageable **9** substantial

56. Where have you seen information on FoodNet? ***[mark all that apply]***

9 In the professional literature
9 In the popular press
9 Professional meetings
9 In the FoodNet newsletter (*FoodNet News*, formerly the *Catchment*)
9 Other, describe: _____
9 On the Internet [http://www.cdc.gov/ncidod/dbmd/foodnet]

57. Are there additional FoodNet materials that your laboratory would like receive?***[mark all that apply]***

9 2000 MMWR
9 *FoodNet News* (the FoodNet quarterly newsletter) subscription
9 *E. coli* O157 testing video
9 1999 FoodNet Final Report

58. How much time (in minutes) did it take to complete this questionnaire? _____

END. Thank you for participating, we appreciate your time.