



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

Table of Contents

	Worksheet	Worksheet Title	Description
	<p>Purpose: This laboratory capacity assessment tool is intended to provide guidance to perform a comprehensive laboratory capacity assessment. The tool has been divided into several worksheets, with this excel workbook. There are two comprehensive tools, a "long" form (Complete Tool), "short" form (Influenza Tool), several stand alone modules, and a list of critical equipment and reagents.</p>	1	Complete Tool
2		Equip & Reagents	List of critical reagents and equipment necessary to perform rRT-PCR for influenza.
3		Contact Info	Module designed to capture relevant contact information.
4		General Lab	Module designed to assess general laboratory infrastructure and capacity.
5		Vir Lab	Module designed to assess laboratory capabilities and capacities for performing virology.
6		Mol Lab	Module designed to assess laboratory capabilities and capacities for performing molecular biology.
7		Flu Testing	Module designed to assess laboratory capabilities and capacities for performing influenza testing.
8		Safety	Module designed to assess biosafety and biosecurity measures in the laboratory.
9		Spec Handling & Reporting	Module designed to assess specimen handling procedures and reporting capabilities and capacities.
10		QA-QC	Module to review quality assurance and quality control measures used in the laboratory



Category	Specific Equipment and Materials	Number Operational	Age	Current Maintenance Contract (Y/N)	Primary Use
equipment	20µL, 200µL, 1000µL adjustable pipettes and aerosol barrier tips (at least 3 each)				
equipment	microcentrifuge				
equipment	bubble centrifuge (2)				
equipment	vortex				
equipment	24-well cooler racks x 2				
equipment	96-well cooler racks x 2				
equipment	PCR hood with UV				
equipment	Biological Safety Cabinet (BSC) (For Each Area)				
equipment	Freezer (-20°C to -40°C)				
equipment	Freezer (-70°C to -80°C)				
equipment	Refrigerator -2°C to 8°C)				
equipment	Floor Centrifuge				
equipment	Microscopes				
equipment	Incubator (CO ₂ Or Non-CO ₂)				
equipment	Water Bath (One For PCR Area, One For Culture Area And For Cell Culture Area)				
equipment	Wet Ice machine/ access				

instruments	real-time thermocycler system				
reagents	Invitrogen Catalog #11732-020, SuperScript™III Platinum® One-Step Quantitative RT-PCR Kits				
reagents	Ambion Catalog #AM1005, AgPath-ID One-Step RT-PCR Kit				
reagents	positive control viral RNAs (H3N2, H5N1 and Human)				
reagents	forward and reverse primers (40µM) (FluA, H1, H3, H5, FluB, RNP)				
reagents	dual-labeled probes (10µM) (FluA, H1, H3, H5, FluB, RNP)				
supplies	0.2ml PCR reaction tube strips or plates				
supplies	optical strip caps				
supplies	powder-free gloves (small, medium, large)				
supplies	sterile 1.4 ml microcentrifuge tubes 100/pk x 1				
supplies	Lint free clean wipes				
supplies	Aluminum foil				
supplies	Diposable lab coats (Small, Medium, Large)				
supplies	Cloth lab coats (Small, Medium, Large)				
supplies	Bleach or RNase Away™				
supplies	RNA extraction kit : Qiagen viral RNA kit				
supplies	100% reagent grade ethanol				
supplies	Water (nuclease free)				
supplies	Calculators				
supplies	Powder-Free Gloves (Small, Medium, Large)				
supplies	Lab Notebooks				
supplies	Lint Free Clean Wipes				
supplies	Sterile Nuclease Free Filtered Pipette Tips				
supplies	Serologic Pipet Aid (Example:Drummond)				
supplies	Serologic Pipetts				



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

LABORATORY CONTACTS

<hr/>	
1	Name of Laboratory _____ Point of Contact _____ Phone _____ FAX _____ Email _____ Alternate Email (yahoo, gmail, etc.) _____ Best Contact <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	What WHO region is the laboratory located? AFRO <input type="checkbox"/> WPRO <input type="checkbox"/> PAHO <input type="checkbox"/> SEARO <input type="checkbox"/> EURO <input type="checkbox"/> EMRO <input type="checkbox"/>
3	Is the laboratory a WHO National Influenza Center (NIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
3a	If No, has the laboratory applied to become a NIC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure

4	What country is this laboratory's WHO Influenza Reference laboratory located in? _____																											
5	Which international funding/partner organizations is the laboratory affiliated with? <table style="margin-left: auto; margin-right: auto;"> <tr><td>Pasteur</td><td><input type="checkbox"/></td></tr> <tr><td>AMRO</td><td><input type="checkbox"/></td></tr> <tr><td>CDC</td><td><input type="checkbox"/></td></tr> <tr><td>USAID</td><td><input type="checkbox"/></td></tr> <tr><td>WHO</td><td><input type="checkbox"/></td></tr> <tr><td>PATH Global Health</td><td><input type="checkbox"/></td></tr> <tr><td>World Bank</td><td><input type="checkbox"/></td></tr> <tr><td>Other (please specify)</td><td><input type="checkbox"/></td></tr> </table> _____	Pasteur	<input type="checkbox"/>	AMRO	<input type="checkbox"/>	CDC	<input type="checkbox"/>	USAID	<input type="checkbox"/>	WHO	<input type="checkbox"/>	PATH Global Health	<input type="checkbox"/>	World Bank	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>											
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	Phone	_____																										
	email	_____																										
	FAX	_____																										

		<p>Does the contact within the MoH speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p style="padding-left: 40px;">If Yes, conversational English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p style="padding-left: 40px;">If Yes, scientific English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p style="padding-left: 40px;">If Yes, fluent English <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p>Other spoken languages (please specify)? _____</p>
8	Laboratory Director	<p style="text-align: right;">Name _____</p> <p style="text-align: right;">Contact information _____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">_____</p> <p style="text-align: right;">_____</p> <p>Does the Influenza Laboratory Director speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, conversational English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, scientific English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, fluent English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other spoken languages (please specify)? _____</p>
9	Laboratory Supervisor	<p style="text-align: right;">Name _____</p> <p style="text-align: right;">Contact information _____</p> <p style="text-align: right;">Phone _____</p> <p style="text-align: right;">email _____</p> <p style="text-align: right;">FAX _____</p> <p>Does the Laboratory Supervisor speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, conversational English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, scientific English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="padding-left: 40px;">If Yes, fluent English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other spoken languages (please specify)? _____</p>

10	<p>Influenza Laboratory Supervisor (if different from above) Same as Laboratory Supervisor Above <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Name _____</p> <p>Contact information _____</p> <p>Phone _____</p> <p>email _____</p> <p>FAX _____</p> <p>Does the Influenza Laboratory Supervisor speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, conversational English <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, scientific English <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, fluent English <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other spoken languages (please specify)? _____</p>
11	<p>Evaluator _____</p> <p>Signature _____</p> <p>Date of visit _____</p>
12	<p>General Comments/Notes:</p>





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GENERAL LABORATORY

1	What is the laboratory's affiliation/designation? Ministry of Health National Laboratory University Laboratory Hospital Laboratory Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
2	What is the primary function of the laboratory? Research Clinical Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> _____
3	Is the laboratory a Global Aids Project (GAP) laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
4	What infectious disease testing services does the laboratory provide?	_____ _____ _____ _____ _____ _____ _____
5	Does the laboratory have facilities that maintain and care for animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure

5a	If Yes what animals, and what is the purpose of the animals?	<hr/> <hr/> <hr/> <hr/> <hr/>
6	Please describe the surveillance activities the laboratory participates in.	<hr/> <hr/> <hr/> <hr/> <hr/>
7	Please describe the existing information exchange capability(ies) the laboratory has.	<hr/> <hr/> <hr/> <hr/>
8	Does the laboratory appear to be structurally sound (no missing windows doors, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Does laboratory equipment appear to be placed appropriately given any structural limitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10 10a	Is the laboratory easily accessible by ground transportation? If No, please explain transportation options	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <hr/>

<p>11 11a</p>	<p>Is the laboratory supported by a maintenance staff? If Yes, what types of staff:</p> <p style="padding-left: 100px;">Plumber Electrician Mechanical Other (please specify)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p>
<p>12</p>	<p>Is there sufficient electrical capacity to power all equipment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>13</p>	<p>Does the laboratory have an emergency generator/power?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>14</p>	<p>Does the laboratory have the capacity to run:</p> <p style="padding-left: 100px;">220V 110V Do not Know</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p>15 15a</p>	<p>Does the laboratory have facilities security measures in place? If Yes what are these measures?</p> <p style="padding-left: 100px;">Electronic Surveillance (cameras) Manned Surveillance Electronic Security System Front Door Chain Locks ID Badges Require sign-in of visitors Other (please specify)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____</p>
<p>16</p>	<p>Does the laboratory have biosecurity measures in place (prevent internal theft)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

16a	<p>If Yes what are these biosecurity measures?</p> <p style="text-align: center;"> ID Badges Freezer locks Restricted access to buildings Cameras Restricted access to laboratories (i.e. BSL 3) Other (please specify) </p>	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> <hr style="width: 100%;"/> </div>
17	Does the laboratory have a written biosecurity plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17a	If No, would you be interested in assistance developing one?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Are critical equipment (PCR machines, freezers, etc.) connected to UPS battery backups?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Is there a 24 hour, 7 day emergency contact, in cases of critical equipment failure or disease outbreaks?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
19a	If Yes, What is their job title?	<hr/>
20	How many hours per day does the laboratory normally operate?	<hr/>
21	How many days per week does the laboratory normally operate?	<hr/>
22	What days does the laboratory normally operate?	<hr/>
23	How many days per year is the laboratory closed for holidays?	<hr/>

<p>24</p> <p>24a</p>	<p>Are there specific months where the laboratory is closed for significant time due to holidays or other activities?</p> <p>If Yes, Please specify which one(s)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p>
<p>25</p>	<p>Does the laboratory have a crisis plan that can be instituted during an emergency (for example during an influenza epidemic)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>26</p> <p>26a</p>	<p>Does the laboratory have a written plan to address surge capacity activities?</p> <p>If Yes, briefly describe</p> <p>If No, is the laboratory interested in assistance for developing one?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27</p>	<p>Is there an operational BSL-3 laboratory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28</p>	<p>Is there an operational BSL-2 laboratory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29</p> <p>29a</p>	<p>Does the laboratory use enhanced BSL-2 procedures?</p> <p>If Yes, describe the BSL-3 enhancements to your BSL-2 facility</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>30</p>	<p>How many laboratory staff?</p>	<p>Full-time _____</p> <p>Part-time _____</p>

31	Please describe the duties of laboratory staff including; Influenza Testing Supervisor Primary Laboratory Technician	_____ _____ _____ _____ _____ _____ _____ _____ _____
32	Approximately how many specimens does the laboratory receive for diagnostic testing per week?	_____
33	Approximately how many specimens can the laboratory staff process per week for culture?	_____
33a	Approximately how many specimens can the laboratory staff process per week for PCR?	_____
34	On average how many hours per week do laboratory staff work? <30 hours 31 -40 hours 41 - 50 hours > 50 hours	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
35	How many hours per week does laboratory staff work on influenza testing?	_____

36	Are laboratory staff cross-trained to perform molecular biology and virology? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
37	Do laboratorians have an office area separate from the laboratory? <input type="checkbox"/> Yes <input type="checkbox"/> No
38	General Comments/Notes:



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VIROLOGY LABORATORY

1	Does the virology laboratory perform influenza virus isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No
2 2a	Does the laboratory perform isolation for other viruses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify which viruses. _____ _____ _____
3	How much experience does the laboratory have performing virus culture? < 6 months <input type="checkbox"/> 6 - 12 months <input type="checkbox"/> >12 months <input type="checkbox"/>
4	Under normal operating conditions, approximately how many specimens are cultured: Daily _____ Weekly _____ Monthly _____
5	Approximately what percent of PCR positive influenza specimens are cultured? _____

10	Is there virology research conducting in the same laboratory as diagnostic testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
11 11a 11b	Does the laboratory perform haemagglutination inhibition testing (HAI)? If Yes, does the laboratory use the WHO reagent kit? If Yes, from which WHO Centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/>																																																	
11c	If Yes, what is your source for red blood cells: Animal Vendor / Source	<hr/> <hr/>																																																	
12	Are there separate BSCs designated for: Cell Culture Virus Isolation Avian influenza (i.e. H5N1) non-human influenza	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
13	What types of vessels are used for cell culture (check all that apply)? Flask Tubes Shell Vials Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <hr/>																																																	
14	Does the virology laboratory have microscopes? Upright for tissue culture Immunofluorescence 50w or 100w mercury? Other (please specify)	<table border="0"> <thead> <tr> <th></th> <th><input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th><input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th><input type="checkbox"/> Yes <input type="checkbox"/> No</th> <th>Number Operational</th> <th>Age</th> <th>Current Maintenance Agreement (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>Upright for tissue culture</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>Immunofluorescence</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>50w or 100w mercury?</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>Other (please specify)</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>_____</td> <td>---</td> <td>_____</td> </tr> </tbody> </table>		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Number Operational	Age	Current Maintenance Agreement (Yes/No)	Upright for tissue culture	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____	Immunofluorescence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____	50w or 100w mercury?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____	Other (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	---	_____
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15	<p>Does the virology laboratory have vacuum capability?</p> <p>if Yes, internal line?</p> <p>if Yes, vacuum pump?</p> <p>if Yes, are HEPA filters used?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure															
16	<p>Does the virology laboratory have any of the following centrifuges?</p> <p>Microfuge</p> <p>Floor/bench top for handling volumes > 1ml</p> <p>Dedicated to virology?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Number Operational</th> <th>Age</th> <th>Current Maintenance Agreement (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> </tbody> </table>	Number Operational	Age	Current Maintenance Agreement (Yes/No)	_____	---	_____	_____	---	_____	_____	---	_____			
Number Operational	Age	Current Maintenance Agreement (Yes/No)																
_____	---	_____																
_____	---	_____																
_____	---	_____																
16a	<p>Do the centrifuge buckets have lids?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure															
17	<p>Does the virology laboratory have incubators (please check all that apply)?</p> <p>For cell culture</p> <p>For eggs (non-CO₂)</p> <p>CO₂</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Number Operational</th> <th>Age</th> <th>Current Maintenance Agreement (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> </tbody> </table>	Number Operational	Age	Current Maintenance Agreement (Yes/No)	_____	---	_____	_____	---	_____	_____	---	_____			
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_____	---	_____																
17a	<p>Is temperature monitored with NIST certified thermometers?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No																
18	<p>Does the virology laboratory have access to the following pieces of equipment?</p> <p>Freezers (-20°C to -40°C)</p> <p>Freezers (-70°C to -80°C)</p> <p>liquid nitrogen</p> <p>Refrigerators (2°C to 8°C)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <thead> <tr> <th>Number Operational</th> <th>Age</th> <th>Current Maintenance Agreement (Yes/No)</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>---</td> <td>_____</td> </tr> </tbody> </table>	Number Operational	Age	Current Maintenance Agreement (Yes/No)	_____	---	_____	_____	---	_____	_____	---	_____	_____	---	_____
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19	<p>If there is shared freezer space, does virology have a designated shelf or space for:</p> <table data-bbox="829 259 1575 389"> <tr> <td>Reagents</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Do not Know/not sure</td> </tr> <tr> <td>Controls</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Do not Know/not sure</td> </tr> <tr> <td>Archived specimens</td> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> <td>Do not Know/not sure</td> </tr> <tr> <td>Other</td> <td colspan="6">_____</td> </tr> </table>	Reagents	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure	Controls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure	Archived specimens	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure	Other	_____					
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Controls	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No																									
Other	_____																												
21	<p>General Comments/Notes:</p>																												



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

MOLECULAR BIOLOGY LABORATORY

1	Is the molecular biology laboratory performing influenza or other viruses detection, typing, or subtyping with the following methods?	Real-time (RT-PCR) <input type="checkbox"/> Yes <input type="checkbox"/> No Conventional PCR <input type="checkbox"/> Yes <input type="checkbox"/> No
1a	If Yes, which kit(s) and manufacturer	<hr/> <hr/> <hr/> <hr/> <hr/>
2	Does the laboratory currently sequence specimens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Where in the laboratory is PCR set-up performed?	Clean room <input type="checkbox"/> PCR cabinet <input type="checkbox"/> Designated area <input type="checkbox"/> Other (please specify): <hr/>
4	Does the laboratory have a uni-directional workflow (pre-amplification to post-amplification) for PCR?	<input type="checkbox"/> Yes <input type="checkbox"/> No

5	<p>Are any of the following dedicated for pre-PCR use only?</p> <p style="text-align: right;"> <input type="checkbox"/> Pipettes <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Supplies <input type="checkbox"/> Reagents <input type="checkbox"/> Centrifuges <input type="checkbox"/> Other (please specify) _____ </p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
6	<p>Is there a designated area for handling RNA?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7 7a	<p>What method does the laboratory currently use for RNA isolation / purification?</p> <p>If a kit is employed to purify RNA, please identify which kit and the manufacturer.</p>	<hr/> <hr/>
8	<p>Is there a designated area for handling post PCR amplified product?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 9a	<p>What method does the laboratory currently use for DNA isolation / purification?</p> <p>If a kit is employed to purify DNA, please identify which kit and the manufacturer.</p>	<hr/> <hr/>
10 10a 10b 10c	<p>What instrument does the laboratory <u>currently</u> use to perform Real-Time PCR?</p> <p>How many of these instruments does the laboratory have?</p> <p>Please identify any additional instruments the laboratory possesses which could be used for Real-Time PCR?</p> <p>How frequently are these instruments run?</p>	<hr/> <hr/> <hr/> <input type="checkbox"/> Often <input type="checkbox"/> Rarely <input type="checkbox"/> Never
11	<p>Does the laboratory have a reliable source for Real-Time PCR reagents and supplies?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

11a	If Yes please identify the reagent and the source (for example CDC, WHO, Manufacturer, etc.)	Reagent _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Source _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____																																																						
12	What pipettes does the laboratory currently use?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;"></td> <td style="width: 10%; text-align: center;">P2</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 20%;"></td> <td style="width: 10%; text-align: center;">Number Operational</td> <td style="width: 10%; text-align: center;">Number Properly Calibrated</td> </tr> <tr> <td></td> <td style="text-align: center;">P10</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">P100</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">P200</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">P1000</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td style="text-align: center;">Other (please specify)</td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">_____</td> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>		P2	<input type="checkbox"/>		Number Operational	Number Properly Calibrated		P10	<input type="checkbox"/>		_____	_____		P100	<input type="checkbox"/>		_____	_____		P200	<input type="checkbox"/>		_____	_____		P1000	<input type="checkbox"/>		_____	_____		Other (please specify)	_____		_____	_____			_____		_____	_____			_____		_____	_____			_____		_____	_____	
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		_____		_____	_____																																																				
13	What volume disposable tips does the laboratory currently use (please list all)?	_____ _____																																																							
13a	Do the tips used in the laboratory fit the pipettes properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____																																																					
13b	Are filtered (aerosol barrier) tips used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____																																																					

<p>14</p>	<p>Does the molecular biology laboratory have either of the following centrifuges?</p> <p style="text-align: right;">Microfuge <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Floor/bench top for handling volumes > 1ml <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number Operational</p> <p>_____</p> <p>_____</p>	<p>Age</p> <p>__</p> <p>__</p>	<p>Current Maintenance Agreement (Yes/No)</p> <p>_____</p> <p>_____</p>
<p>14a</p>	<p>Are any of the centrifuges identified above (please specific):</p> <p style="text-align: right;">Dedicated to molecular biology? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Dedicated for RNA only? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Dedicated for post PCR? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p>
<p>15</p>	<p>Does the molecular biology laboratory have access to any of the follow pieces of equipment?</p> <p style="text-align: right;">Freezers (-20°C to -40°C) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Freezers (-70°C to -80°C) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">liquid nitrogen <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Refrigerators (2°C to 8°C) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Number Operational</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Age</p> <p>__</p> <p>__</p> <p>__</p> <p>__</p>	<p>Current Maintenance Agreement (Yes/No)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>16</p>	<p>If there is shared freezer space, does molecular biology have a designated shelf or space for:</p> <p style="text-align: right;">Reagents <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Controls <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Archived specimens <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: right;">Other _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>17 17a</p>	<p>Are critical reagents (i.e. enzymes) stored in frost free freezers?</p> <p style="text-align: right;">If Yes, is the automatic defrost disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

18	<p>If there is shared refrigerator space does molecular biology have a designated shelf or space for:</p>	<p>Reagents <input type="checkbox"/> Yes <input type="checkbox"/> No Controls <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____</p>
19 19a	<p>Does the laboratory have access to wet-ice? if No, how are samples kept cold at the bench? (when needed)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No _____</p>
20	<p>What is the laboratory's heat source at the bench?</p>	<p>Heat block <input type="checkbox"/> Water Bath <input type="checkbox"/> Other (please specify) _____</p>
21	<p>Does the laboratory have vacuum capability? if Yes, internal line? if Yes, vacuum pump? if Yes, are HEPA filters used?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
22	<p>General Comments/Notes:</p>	

4	What direct detection methods is the laboratory currently using for testing the following influenza viruses? (Please check all that apply)	
4a	Human Influenza (A/H1/ H3, B)	<p style="text-align: center;"> Virus Isolation <input type="checkbox"/> DFA <input type="checkbox"/> Real Time RT-PCR <input type="checkbox"/> Conventional PCR <input type="checkbox"/> Rapid Tests <input type="checkbox"/> Other (please specify) _____ </p>
4b	Novel Influenza (for example A/H1N1 swine-like)	<p style="text-align: center;"> Virus Isolation <input type="checkbox"/> DFA <input type="checkbox"/> Real Time RT-PCR <input type="checkbox"/> Conventional PCR <input type="checkbox"/> Rapid Tests <input type="checkbox"/> Other (please specify) _____ </p>
4c	H5N1 Avian Influenza	<p style="text-align: center;"> Virus Isolation <input type="checkbox"/> DFA <input type="checkbox"/> Real Time RT-PCR <input type="checkbox"/> Conventional PCR <input type="checkbox"/> Rapid Tests <input type="checkbox"/> Other (please specify) _____ </p>
4d	High Pathogenic Avian Influenza	<p style="text-align: center;"> Virus Isolation <input type="checkbox"/> DFA <input type="checkbox"/> Real Time RT-PCR <input type="checkbox"/> Conventional PCR <input type="checkbox"/> Rapid Tests <input type="checkbox"/> Other (please specify) _____ </p>

4e	Low Pathogenic Avian Influenza	Virus Isolation DFA Real Time RT-PCR Conventional PCR Rapid Tests Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
4f	Other Avian Influenza	Virus Isolation DFA Real Time RT-PCR Conventional PCR Rapid Tests Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
4g	Other influenza viruses	Virus Isolation DFA Real Time RT-PCR Conventional PCR Rapid Tests Other (please specify)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
5	What Real-Time PCR instrument(s) is currently being used for influenza testing in the laboratory?		<input type="checkbox"/>	None
5a	Instrument Manufacturer	_____		
5b	Instrument Model	_____		
5c	Age	_____		

<p>8</p> <p>8a</p>	<p>Please describe how each diagnostic RT-PCR run is set up:</p> <p>Ask for SOP, ask to describe plate set up, etc.</p>	<hr/>
<p>9</p> <p>9a</p> <p>9b</p> <p>9c</p>	<p>Under normal operating conditions:</p> <p>How many RT-PCR runs can the laboratory execute per day?</p> <p>How many specimens can be typed per day?</p> <p>What percent of your specimens are positive for influenza A?</p>	<hr/> <hr/> <hr/> <hr/>
<p>10</p> <p>10a</p> <p>10b</p>	<p>Will more than one member of the laboratory staff be trained to perform this assay (recommended)?</p> <p>How many full-time staff?</p> <p>How many half-time staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <hr/>
<p>11</p> <p>11a</p>	<p>Does the laboratory participate in any surveillance networks?</p> <p>If Yes, please list</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>12</p>	<p>Does the laboratory perform any influenza testing from non-human specimens?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

12a	If Yes, please describe: _____ _____ _____ _____
13	General Comments/Notes:



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

LABORATORY SAFETY & BIOSAFETY

1	<p>At what biosafety levels does the laboratory currently operate at (please check all that apply)?</p>	<p>Percentage of Laboratory Space</p> <p>_____</p> <p>_____</p> <p>_____</p>
2	<p>Is there a safety team/group/advisor?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3	<p>Does the laboratory have a safety manual?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3a	<p>If Yes, is it easily accessible to all laboratory staff?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3b	<p>If Yes, is it reviewed annually?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
3c	<p>If Yes, are laboratory staff required to sign off on safety procedures?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4	<p>Where source does the laboratory reference for its biosafety guidelines?</p>	<p><input type="checkbox"/> <i>BMBL</i></p> <p><input type="checkbox"/> WHO</p> <p><input type="checkbox"/> National Regulations</p> <p>Other (please describe) _____</p>

<p>5</p> <p>5a</p>	<p>Are the BSCs certified for biosafety level 2, as described in the current WHO/BMBL guidelines?</p> <p>Has the BSC been certified in the past year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6</p> <p>6a</p>	<p>Are the BSCs certified for biosafety level 3, as described in the current WHO/BMBL guidelines?</p> <p>Has the BSC been certified in the past year?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7</p>	<p>What personal protective equipment (PPE) is available to laboratory staff (please check all that apply)?</p> <p>Gloves (latex)</p> <p>Gloves (latex and powder free)</p> <p>Gloves (other)</p> <p>Lab coats</p> <p>Shoe Covers</p> <p>Safety glasses/visors/face shields</p> <p>Respiratory protection (describe)</p>	<p><input type="checkbox"/></p> <hr/>
<p>8</p>	<p>Is the available PPE appropriate for specific tasks?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9</p>	<p>What type of laboratory coats are available for staff (please check all that apply)?</p> <p>Cloth</p> <p>Impermeable</p> <p>Cuffed Sleeves</p> <p>Disposable</p> <p>Properly sized</p> <p>Other (please describe)</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <hr/>

10	How are cloth lab coats cleaned?	_____
11	Is there a respirator fit program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
12	Are PAPRS available for staff that cannot wear N95 respirators?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
13	Is there a hand washing station inside of the laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Does the hand washing station have foot pedals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is there an eye wash station / shower inside of the laboratory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Are <u>powder free</u> gloves worn for all manipulations of specimens, organisms, and reagents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16a	If no, is there access to power free gloves?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16b	If no, are they worn for	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Designated procedures only	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Technician discretion	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Is there a laboratory vaccination policy for staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17a	If Yes, for which diseases?	<input type="checkbox"/> Seasonal Influenza <input type="checkbox"/> TB <input type="checkbox"/> HBV <input type="checkbox"/> Other Laboratory Relevant _____
18	Does the laboratory have written and posted spill clean up instructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure

19	Does the laboratory have a written SOP for proper biohazard disposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure										
20	What guidelines does the laboratory reference for biohazard disposal?	_____										
21	Does the laboratory have an autoclave on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No Number Operational: _____ Age: _____ Current Maintenance Agreement: _____										
22	Are the number of autoclaves sufficient for the amount of biohazardous waste generated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure										
23	Does the laboratory have access to an incinerator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure										
24	What treatments are used for solid waste disposal?	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="padding-right: 10px;">Autoclaving</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Incineration</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Burial with no pre-treatment</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Sharps container</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Other (describe)</td><td><input type="checkbox"/></td></tr> </table> _____	Autoclaving	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	Burial with no pre-treatment	<input type="checkbox"/>	Sharps container	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>
Autoclaving	<input type="checkbox"/>											
Incineration	<input type="checkbox"/>											
Burial with no pre-treatment	<input type="checkbox"/>											
Sharps container	<input type="checkbox"/>											
Other (describe)	<input type="checkbox"/>											
25	What treatments are used for liquid waste disposal?	<table style="margin-left: auto; margin-right: auto;"> <tr><td style="padding-right: 10px;">No treatment</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Autoclave</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Chemical disinfection</td><td><input type="checkbox"/></td></tr> <tr><td style="padding-right: 10px;">Other (describe)</td><td><input type="checkbox"/></td></tr> </table> _____	No treatment	<input type="checkbox"/>	Autoclave	<input type="checkbox"/>	Chemical disinfection	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>		
No treatment	<input type="checkbox"/>											
Autoclave	<input type="checkbox"/>											
Chemical disinfection	<input type="checkbox"/>											
Other (describe)	<input type="checkbox"/>											

26	What chemicals are routinely used for surface decontamination? Ethanol <input type="checkbox"/> Bleach <input type="checkbox"/> Other(please describe) _____	<input type="checkbox"/> <input type="checkbox"/>
27	At what concentrations are surface decontaminants kept?	_____
28	How long are surface decontaminants kept in circulation?	_____
29 29a	Are there metal cabinets for flammable chemicals? If Yes, are flammables stored in these cabinets?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
30	Are acids and bases stored separately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
31	General Comments/Notes:	

2	Is training for staff offered for laboratory methods in virology?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure	
2a	What type of training is offered (e.g. wet workshops, lectures, etc.)?	<hr/>	
2b	What topics are covered during training? (e.g. cell culture, biology)	<hr/> <hr/> <hr/> <hr/>	
2c	How frequently is training offered?	<hr/>	
2d	Where is training given (specific location)?	<hr/>	
2e	Who provides virology training (e.g. CDC, WHO, Supervisor)?	Training Course	Instructor
		<hr/>	<hr/>
3	Is training for staff offered for laboratory methods in molecular biology?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure	
3a	What type of training is offered (e.g. wet workshops, lectures)?	<hr/>	

6	Is there training offered to staff for specimen collection, transport, and labeling?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure 6a How frequently is training offered? _____ 6b Where is training given (specific location)? _____ 6c Who provides this type of training? _____
7	Is there training offered to laboratory staff for specimen logging, processing, and storage?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure 7a How frequently is training offered? _____ 7b Where is training given (specific location)? _____ 7c Who provides this type of training? _____
8	Is there training for staff in shipping infectious substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure 8a How frequently is training offered? _____ 8b Where is training given (specific location)? _____ 8c Who provides this type of training? _____

9 General Comments/Notes:



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

SPECIMEN HANDLING, COLLECTION, AND REPORTING

1	<p>Does the laboratory have written procedures for:</p>	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Specimen collection</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Do not Know/not sure</td> </tr> <tr> <td style="padding-right: 10px;">Specimen transport</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Do not Know/not sure</td> </tr> <tr> <td style="padding-right: 10px;">Specimen labeling</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Yes</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">No</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 0 10px;">Do not Know/not sure</td> </tr> </table>	Specimen collection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure	Specimen transport	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure	Specimen labeling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure
Specimen collection	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure																	
Specimen transport	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure																	
Specimen labeling	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Do not Know/not sure																	
2	<p>What type of Viral Transport Medium (VTM) is used?</p>	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">WHO VTM</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Commercial VTM</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Universal Transport medium</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Do not know/not sure</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Other VTM (please describe)</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	WHO VTM	<input type="checkbox"/>	Commercial VTM	<input type="checkbox"/>	Universal Transport medium	<input type="checkbox"/>	Do not know/not sure	<input type="checkbox"/>	Other VTM (please describe)												
WHO VTM	<input type="checkbox"/>																						
Commercial VTM	<input type="checkbox"/>																						
Universal Transport medium	<input type="checkbox"/>																						
Do not know/not sure	<input type="checkbox"/>																						
Other VTM (please describe)																							
3	<p>What types of specimens does the laboratory accept?</p>	<table style="width: 100%; border: none;"> <tr> <td style="padding-right: 10px;">Nasopharyngeal swabs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Nasopharyngeal washes</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Nasopharyngeal aspirates</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Nasal swabs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Throat swabs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Dual nasopharyngeal swabs/ throat swabs</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Serum</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Do not Know/not sure</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="padding-right: 10px;">Other (please describe)</td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>	Nasopharyngeal swabs	<input type="checkbox"/>	Nasopharyngeal washes	<input type="checkbox"/>	Nasopharyngeal aspirates	<input type="checkbox"/>	Nasal swabs	<input type="checkbox"/>	Throat swabs	<input type="checkbox"/>	Dual nasopharyngeal swabs/ throat swabs	<input type="checkbox"/>	Serum	<input type="checkbox"/>	Do not Know/not sure	<input type="checkbox"/>	Other (please describe)				
Nasopharyngeal swabs	<input type="checkbox"/>																						
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Serum	<input type="checkbox"/>																						
Do not Know/not sure	<input type="checkbox"/>																						
Other (please describe)																							

<p>4</p> <p>4a</p>	<p>Does the laboratory have written criteria for specimen rejection?</p> <p>Please specify _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>5</p>	<p>Is the cold chain maintained during the shipment of specimens to the laboratory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>6</p>	<p>Does the laboratory accept specimens after normal operating hours?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>7</p> <p>7a</p> <p>7b</p>	<p>Is there a responsible official for receiving specimens <u>during</u> normal operating hours?</p> <p>If Yes, what is their job title? _____</p> <p>If No, who receives specimens _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>8</p> <p>8a</p> <p>8b</p>	<p>Is there a responsible official for receiving specimens <u>outside</u> of normal operating hours?</p> <p>If Yes, what is their job title? _____</p> <p>If No, who receives specimens _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>9</p>	<p>Is there an official area for receiving specimens?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>10</p>	<p>Does the laboratory provide a unique identifier for all specimens?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>11</p>	<p>Are there written procedures for specimen logging, processing, and storage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>

12	Are there written procedures for shipping infectious substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
13	What is the laboratory's policy for shipping infectious substances to WHO, NIC, or other reference laboratories?	<hr/> <hr/>
14	How often are isolates sent to WHO collaborating centers?	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/>
15	How are isolates chosen for shipping?	<hr/> <hr/>
16 16a 16b 16c 16d 16e 16f	Are specimens sent for: Confirmation If Yes, where are they sent? If Yes, how often are batches sent? Further characterization If Yes, where are they sent? If Yes, how often are batches sent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure <hr/> <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure <hr/> <hr/>
17	Which vendor is the preferred shipper?	<hr/>
18	What shipper(s) are located in country?	<hr/>
19 19a	Does the laboratory experience any problems or difficulties with customs? If Yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure <hr/> <hr/>

20	How are specimens stored <u>before</u> diagnostic testing? Refrigeration (2°C to 8°C) Freezer (\leq -20 °C) Liquid nitrogen Do not Know/not sure Other (please specify)	How Long? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
21	What is the laboratory's specimen retention policy for: Specimens testing positive Specimens testing negative Inconclusive Specimens Other Comments:	_____ _____ _____ _____
22	How does the laboratory track specimens sent for diagnostic testing? LIMS system Software programs installed on computers (i.e. Microsoft Excel) Notebook / Binder Do not Know/not sure Other (please describe)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____
23	How long are records maintained?	_____
24	How are records archived?	_____
25	How are records backed-up?	_____
26 26a	Is there restricted access to archived records? If Yes, who has access?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure _____

27	How does the laboratory report out results?	<p style="text-align: center;">Electronic <input type="checkbox"/></p> <p style="text-align: center;">Fax <input type="checkbox"/></p> <p style="text-align: center;">Phone <input type="checkbox"/></p> <p style="text-align: center;">Do not Know/not sure <input type="checkbox"/></p> <p style="text-align: center;">Other (please specify) _____</p>
28	Does the laboratory have reliable connectivity to report out results (cell phones, landlines, internet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
29	How frequent are diagnostic results reported?	<p style="text-align: center;">Daily <input type="checkbox"/></p> <p style="text-align: center;">Weekly <input type="checkbox"/></p> <p style="text-align: center;">Monthly <input type="checkbox"/></p> <p style="text-align: center;">Do not Know/not sure <input type="checkbox"/></p>
30	Does the laboratory use standardized forms to report lab results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
31	Does the laboratory staff know what the reporting requirements are?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
32	Is the laboratory aware of the reporting requirements under the International Health Regulations (IHR)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
33 33a	<p>Do test results undergo internal review prior to reporting out?</p> <p style="text-align: center;">If Yes, briefly describe the internal review process.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure <hr/> <hr/> <hr/> <hr/> <hr/>

34	How often are summary reports generated?	_____
35	Who are diagnostic results reported to?	<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> Flu Net WHO Ministry of Health Other (please describe) </div> <div style="text-align: left;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> _____
36	If the laboratory has sequencing capability, where is the sequence data deposited?	<div style="display: flex; justify-content: space-between;"> <div style="text-align: right;"> GISAID Genbank Other database (please specify) Not reported Do not Know/not sure </div> <div style="text-align: left;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> </div> _____
37	Does the laboratory have the capability to perform phylogenetic analyses?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure 37a If Yes, please explain _____
38	Does the laboratory assign strain designations to influenza viruses? If Yes, please describe what nomenclature is used (e.g. WHO criteria)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure _____ _____ _____
39 39a	Is there a policy for rapid notification of reportable influenza cases? If Yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure _____ _____ _____ _____

40	What is the turn around time for reporting diagnostic results from the receipt of the specimen? <hr/>
41	General Comments/Notes:



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

QUALITY ASSURANCE

1	Does the laboratory have written standard operating procedures for all assays?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
2	Are records kept of the number and type of tests performed and results?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
3	Does the laboratory have written QC procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
4	Does the laboratory QC all reagents and standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
5	Are critical reagents stored properly (enzymes @ -20°C, buffers @ 2°C to 8°C, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
6	Are temperature sensitive reagents stored in freezers/refrigerators that are monitored for failures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure

7	<p>Does the laboratory have back-up refrigerators and freezers in case of an equipment of power failure? (please indicate all)</p> <p>Refrigerators (2°C to 8°C)</p> <p>Freezer (-20°C)</p> <p>Freezer (-80°C)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
8	<p>Are temperature readings regularly monitored for</p> <p>Refrigerators (2°C to 8°C)</p> <p>Freezer (-20°C)</p> <p>Freezer (-80°C)</p> <p>Water baths</p> <p>Other (please specify)</p> <hr/>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
9	<p>Does the laboratory a have written preventive maintenance plan and schedule for equipment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
10	<p>Does the laboratory keep preventive maintenance records for equipment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
11	<p>Are all mechanical laboratory equipment calibrated at least annually?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
12	<p>Are all non-mechanical laboratory equipment (pipettes, heat blocks, etc.) calibrated at least annually?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
13	<p>Is all critical laboratory equipment currently under manufacturer service or maintenance agreements?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>

<p>14</p> <p>14a</p>	<p>Are all critical laboratory equipment connected to UPS backups?</p> <p>Comments _____</p> <p>_____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>																								
<p>15</p>	<p>Does the laboratory have written sterilization/disinfection procedures?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>																								
<p>16</p>	<p>Please describe the laboratory's sterilization / disinfection procedures.</p>	<p>_____</p> <p>_____</p> <p>_____</p>																								
<p>17</p> <p>17a</p>	<p>Does the laboratory have a protocol to monitor contamination?</p> <p>If Yes, please describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p>_____</p> <p>_____</p> <p>_____</p>																								
<p>18</p>	<p>Is there task-specific dedication and separation of:</p>	<table border="0"> <tr> <td>Pipettes</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> <tr> <td>PPE</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> <tr> <td>Instrumentation</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> <tr> <td>Equipment</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> <tr> <td>Supplies</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> <tr> <td>Reagents</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> <td><input type="checkbox"/> Do not Know/not sure</td> </tr> </table>	Pipettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure	PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure	Instrumentation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure	Equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure	Supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure	Reagents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure
Pipettes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure																							
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Supplies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure																							
Reagents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Do not Know/not sure																							
<p>19</p>	<p>Does the laboratory use any system for an internal quality control?</p> <p>If Yes, please describe:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p>_____</p> <p>_____</p>																								

<p>20</p> <p>20a</p> <p>20b</p>	<p>Are internal controls included in each test run? If Yes, is the performance of these internal controls recorded and monitored over time? If Yes, are there acceptance / rejection criteria?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>21</p> <p>21a</p>	<p>Does the laboratory participate in any external quality assurance or proficiency programs? If Yes, please list programs</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p> <hr/> <hr/> <hr/> <hr/> <hr/>
<p>22</p>	<p>Does the laboratory keep records of deliveries of reagents and supplies?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>23</p>	<p>Does the laboratory keep records to track stock inventory?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>24</p>	<p>Are quantities of reagents and materials regularly monitored so that there is a warning if stocks become low?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>25</p>	<p>Does the laboratory have a set maximum stock level for reagents and consumables above which inventory level should not go?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure</p>
<p>26</p>	<p>Who determines how much to order?</p>	<hr/>

27	Under normal circumstances, how long does it take from time of ordering to when supplies are available for use?	<input type="checkbox"/> Do not Know/not sure
28	Does the laboratory have difficulty maintaining inventory of supplies and reagents from outside of the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
29	Does the laboratory have difficulty maintaining inventory of supplies and reagents from inside of the country?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not Know/not sure
30	How do reagents and supplies arrive at the laboratory?	<hr/> <hr/> <hr/> <hr/> <hr/>
31	General Comments/Notes:	



INTERNATIONAL INFLUENZA LABORATORY CAPACITY REVIEW TOOL

CAPACITY REVIEW SUMMARY

Review & Recommendations:

