

CDC's Emerging Infections Program
Foodborne Diseases Active Surveillance Network (FoodNet):
1997 Baseline Survey of Laboratory Practices

Lab ID # _____

Name of laboratory _____

Person interviewed _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone number () _____ - _____

Date form completed (mo/day/yr) _____ / _____ / _____

SECTION A: Introduction

- 1. Does your laboratory perform **any** on-site bacterial stool culture testing? [*check one*]
 - G** yes, our laboratory performs stool cultures on site [*skip to q. 4*]
 - G** no, **ALL** stool specimens for culture are sent to another laboratory [*answer questions 2& 3 and then skip to q. 26*]
- 2. To what laboratory are stool specimens usually sent? _____
- 3. Does that laboratory typically report the results back to your laboratory?
 - G** yes
 - G** no
 - G** don't know

SECTION B: General Information

The first two questions regarding the number of stool specimens tested in your laboratory in 1996 are from the introduction letter.

- 4. How many stool specimens, including whole stools and rectal swabs, were received in your laboratory for bacterial enteric screening (excluding *Clostridium difficile* testing) in 1996?
total number of specimens _____
- 5. How many of these stool specimens were cultured in your laboratory for...

<i>Salmonella</i>	_____	<i>E. coli</i> O157	_____
<i>Shigella</i>	_____	<i>Yersinia</i>	_____
<i>Campylobacter</i>	_____	<i>Vibrio</i>	_____
- 6. Which of the following **BEST** describes the type of laboratory this is? [*Check one*]
 - G** hospital-based laboratory
 - G** independent (that is, non-hospital-based) laboratory
 - G** other (explain _____)
- 7. Which of the following descriptions characterize the population that your laboratory serves? [*Check all that apply*]
 - G** patients seen at a tertiary care hospital (that is, a major referral hospital for the area) and/or its affiliated clinics
 - G** patients seen at a primary care community hospital and/or its affiliated clinics
 - G** patients seen in private physicians' offices and/or other outpatient clinics
 - G** other (explain _____)
 - G** don't know

8. For **routine** stool cultures, are stools tested for the same organisms regardless of whether the patient is an inpatient or an outpatient? *[Check one]*

G yes *[skip to q. 9]*

G no

G don't know *[skip to q. 9]*

8A. Please describe in detail how routine stool cultures for inpatients differ from routine stool cultures for outpatients: _____

9. Which of the following information is readily accessible to your laboratory, either on laboratory submission forms or laboratory computer records, for stool specimens submitted to your laboratory for bacterial culture? *[Note: By readily accessible, we mean information that is routinely available to the technologist that may alter culturing practices, not information that could be looked up from computer records but isn't generally used.]* *[Read all responses and check all that apply]*

Patient demographics

G age

G inpatient or outpatient

G sex

G stool characteristics

G zip code

G date of specimen collection

G county

G time of specimen collection

Patient clinical history

G patient history of fever

G patient history of travel

G patient history of bloody diarrhea

G other (specify _____)

[If any patient clinical history is checked] How is this information obtained?

G check box on form

G write information on form

G computer records

10. Does your laboratory have any **rejection criteria** for culturing **inpatients** stool specimens based on length of hospitalization?

G yes

G no *[skip to q. 11]*

G don't know *[skip to q. 11]*

G not applicable (don't receive stool specimens from inpatients) *[skip to q. 11]*

10A. What are the rejection criteria?

G No bacterial stool cultures performed on inpatients after ____ days of hospitalization

G Other (describe): _____

11. Does your laboratory have a limit on the number of stool specimens cultured from any individual (either from **inpatients** or **outpatients**)?

G yes

G no [skip to q. 12]

G don't know [skip to q. 12]

11A. What are the limits?

G No more than ____ specimen accepted per day

G No more than ____ specimens accepted per ____ days

G Other (list): _____

11B. How is this policy of limiting the number of stool specimens enforced?

[Check all that apply]

G Not enforced

G Technologists try to remember which patients' specimens have already been sent

G A log is maintained of stool specimens and technologists refer to the log when a new specimen is received

G The laboratory computer limits repeat specimens

G The hospital computer limits repeat specimens

G Policy disseminated to medical and/or nursing staff

G Other (please specify): _____

12. Are the results of stool cultures processed in your laboratory recorded electronically (that is, using a computer)?

G yes (specify computer system: _____)

G no

G don't know

13. How do you report a negative bacterial stool culture?

G No *Salmonella*, *Shigella*, *Campylobacter*, _____, _____, isolated.

G No enteric pathogens isolated

G Other _____

SECTION C: Stool handling methods

14. What proportion of stool specimens cultured in your laboratory are received as whole stools and what proportion are received as rectal swabs? [Note: Answer all-responses a-d should total 100%. If unable to provide actual numbers, please estimate. If both a and c= 0%, then skip q. 15, and if both b and d= 0%, skip q. 16]

whole stools _____%

rectal swabs _____%

SECTION D: Culturing practices

17. Assuming no special request is received, what enrichment broths are used as part of your **routine** stool culture procedure? *[Check all that apply]*

- Alkaline peptone water
- Campy thio broth
- GN (gram-negative) broth
- MSR/V (modified semisolid Rappaport-Vassiliadis)
- PBS cold enrichment
- Selenite
- Tetrathionate
- Do not use enrichment broth routinely
- Other (list _____)

18. Assuming no special request is received, what plating media are used as part of your **routine** stool culture procedure? *[Check all that apply]*

- | | |
|--|--|
| <input type="checkbox"/> blood | <input type="checkbox"/> campyBap |
| <input type="checkbox"/> desoxycholate | <input type="checkbox"/> CVA |
| <input type="checkbox"/> MacConkey | <input type="checkbox"/> CCDA |
| <input type="checkbox"/> sorbitol-MacConkey | <input type="checkbox"/> CSM |
| <input type="checkbox"/> hektoen enteric | <input type="checkbox"/> Skirrow's |
| <input type="checkbox"/> SS agar | <input type="checkbox"/> Karmali's |
| <input type="checkbox"/> EMB (eosin methylene blue) | <input type="checkbox"/> CIN (cefsulodin-Irgasan-novobiocin) |
| <input type="checkbox"/> XLD (xylose lysine desoxycholate) | <input type="checkbox"/> TCBS (thiosulfate-citrate-bile salts-sucrose) |
| <input type="checkbox"/> Any blood free media (list _____) | |
| <input type="checkbox"/> Other (list _____) | |

19. Are all stool specimens received at your laboratory for routine enteric screening cultured for *Salmonella*?

- yes *[skip to q. 19A]* no *[skip to q. 19B]*

19A. Are stool specimens cultured for *Salmonella* in your laboratory or at another laboratory?

- on site *[skip to q. 19C]*
- another laboratory (where: _____) *[skip to q. 20]*

- 19B. If a physician specifically requests a culture for *Salmonella*, is the stool specimen cultured in your laboratory or another laboratory?
- G** on site
 - G** another laboratory (where: _____) *[skip to q. 20]*
 - G** don't know *[skip to q.20]*
 - G** never test for *Salmonella* *[skip to q.10]*
- 19C. How many colonies do you evaluate for each potential *Salmonella* morphology?
- _____number **G** don't know
20. Are all stool specimens received at your laboratory for routine enteric screening cultured for *Shigella*?
- G** yes *[skip to q. 20A]* **G** no *[skip to q. 20B]*
- 20A. Are stool specimens cultured for *Shigella* in your laboratory or at another laboratory?
- G** on site *[skip to q. 20C]*
 - G** another laboratory (where: _____) *[skip to q. 21]*
- 20B. If a physician specifically requests a culture for *Shigella*, is the stool specimen cultured in your laboratory or another laboratory?
- G** on site
 - G** another laboratory (where: _____) *[skip to q. 21]*
 - G** don't know *[skip to q. 21]*
 - G** never test for *Shigella* *[skip to q. 21]*
- 20C. How many colonies do you evaluate for each potential *Shigella* morphology?
- _____number **G** don't know
21. Are all stool specimens received at your laboratory for routine enteric screening cultured for *Campylobacter*?
- G** yes *[skip to q. 21A]* **G** no *[skip to q. 21B]*
- 21A. Are stool specimens cultured for *Campylobacter* in your laboratory or at another laboratory?
- G** on site *[skip to q. 21D]*
 - G** another laboratory (where: _____) *[skip to q. 22]*
- 21B. If a physician specifically requests testing for *Campylobacter*, is testing done in your laboratory or sent to another laboratory for testing?
- G** on site
 - G** another laboratory (where: _____) *[skip to q. 22]*
 - G** don't know *[skip to q. 22]*
 - G** never test for *Campylobacter* *[skip to q. 22]*

- 21C. Which of the following plating media are used to culture for *Campylobacter*?
- CVA Karmali's
- campyBap CCDA
- Skirrow's CSM
- Any blood free media (list_____)
- Other (list_____)
- Don't know
- 21D. At what temperature are selective plates for *Campylobacter* usually incubated?
- _____ ECelsius don't know
- 21E. How is the microaerobic atmosphere for *Campylobacter* created?
- candle jar
- commercial pack
- evacuation and replacement systems
- other (specify:_____)
- 21F. During stool specimen processing for *Campylobacter*, is filtration used?
- yes
- no [*skip to q. 21H*]
- don't know [*skip to q. 21H*]
- 21G. At what temperature are filtration plates usually incubated? _____ ECelsius don't know
- 21H. During stool specimen processing for *Campylobacter*, is enrichment broth used?
- yes (specify_____)
- no
- don't know
- 21I. Are isolations of *Campylobacter* **reported** to the local or state health department?
- yes
- no
- don't know
- 21J. Are isolates of *Campylobacter* **routinely sent** to the local or state public health laboratory?
- yes
- no
- don't know

21K. Are *Campylobacter* isolates **routinely** tested for antimicrobial susceptibility?

- G** yes What method? _____
- G** no
- G** don't know

22. Are all stool specimens received at your laboratory for routine enteric screening cultured for *E. coli* O157?

- G** yes [skip to q. 22A]
- G** no [skip to q. 22B]

22A. Are stool specimens cultured for *E. coli* O157 (that is, plated on selective media) in your laboratory or at another laboratory?

- G** on site [skip to q. 23]
- G** sent to another laboratory (where: _____) [skip to q. 23]

22B. If a physician specifically requests a culture for *E. coli* O157, is the stool specimen plated in your laboratory or another laboratory?

- G** on site
- G** another laboratory (where: _____)
- G** don't know [skip to q. 23]
- G** never test for *E. coli* O157 [skip to q. 23]

22C. If a **bloody stool specimen** is received at your laboratory, but a physician has not specifically requested a culture for *E. coli* O157, is the specimen cultured for *E. coli* O157, either in your laboratory or another laboratory?

- G** yes, culture on site testing
- G** yes, bloody specimens routinely sent to another laboratory
- G** no, but physician is contacted and *E. coli* O157 culture is recommended
- G** no
- G** don't know

22D. How many colonies do you evaluate for each potential *E. coli* O157 morphology?

- _____ number
- G** don't know

23. Does your laboratory use direct non-culture methods to test for *E. coli* O157?

- G** yes
- G** no [skip to q. 24]
- G** don't know [skip to q. 24]

- 23A. What test do you use?
G EIA /ELISA for O157 antigen (brand_____)
G EIA /ELSA for shiga toxin (brand_____)
G other_____
24. Are all stool specimens received at your laboratory for routine enteric screening cultured for *Yersinia*?
G yes [*skip to q. 24A*] **G** no [*skip to q. 24B*]
- 24A. Are stool specimens cultured for *Yersinia* in your laboratory or at another laboratory?
G on site [*skip to q. 24C*]
G sent to another laboratory (where:_____) [*skip to q. 25*]
- 24B. If a physician specifically requests a culture for *Yersinia*, is the stool specimen cultured in your laboratory or another laboratory?
G on site
G another laboratory (where:_____) [*skip to q. 25*]
G don't know [*skip to q. 25*]
G never test for *Yersinia* [*skip to q. 25*]
- 24C. When testing for *Yersinia*, is CIN (cefsulodin-Irgasan-novobiocin) agar used?
G yes What temperature are CIN plates incubated? _____EC
G no What agar is used?_____
 What temperature are these plates incubated? _____EC
G don't know
- 24D. When culturing for *Yersinia*, are cold enrichment procedures used?
G yes
G no
G don't know
- 24E. How many colonies do you evaluate for each potential *Yersinia* morphology?
_____number **G** don't know
25. Are all stool specimens received at your laboratory for routine enteric screening cultured for *Vibrio*?
G yes [*skip to q. 25A*] **G** no [*skip to q. 25B*]
- 25A. Are stool specimens cultured for *Vibrio* in your laboratory or at another laboratory?
G on site [*skip to q. 25C*]
G sent to another laboratory (where:_____) [*skip to q. 26*]

25B. If a physician specifically requests a culture for *Vibrio*, is the stool specimen cultured in your laboratory or another laboratory?

G on site

G another laboratory (where: _____) [*skip to q. 26*]

G don't know [*skip to q. 26*]

G never test for *Vibrio* [*skip to q. 26*]

25C. When culturing for *Vibrio*, does your laboratory use TCBS (thiosulfate-citrate-bile salts-sucrose) agar?

G yes

G no- what agar is used? _____

G don't know

25D. How many colonies do you evaluate for each potential *Vibrio* morphology?

_____ number **G** don't know

26. Does your laboratory perform on-site examinations for ova and parasites (O&P)?

~ yes [*go to q. 27*]

~ no [*go to q. 26a.*]

26a. If no, when you receive stools with a request for O&P testing do you forward them to another laboratory for testing?

~ yes, If so, Where: _____

Person to Interview? _____

Phone: _____

[*skip to q. 71*]

~ no, we receive them but don't forward them to another lab [*skip to the END*]

~ no, we never receive specimens with a request for O&P testing [*skip to the END*]

27. What criteria, if any, does your laboratory use for rejecting a stool specimen for O&P?

~ if it is from an inpatient who has been hospitalized for ____ days

~ if it exceeds a limit of ____ specimens from the patient per ____ days

~ poor condition of the specimen, specify, _____

~ poor condition of the container, specify, _____

~ other, specify, _____

~ we don't have any rejection criteria

28. What was the total number of stool specimens submitted to your laboratory for O&P testing in 1996?

|_|_|_|_|_| total number

~ don't know

SECTION D: *Cryptosporidium*

29. Does your laboratory perform on-site testing of stool specimens submitted for O&P for *Cryptosporidium* ?
- ~ yes [*go to q. 34*]
 - ~ no [*skip to q. 30*]
 - ~ don't know [*skip to q. 30*]
30. Does your laboratory send stool specimens submitted for O&P to another laboratory, e.g., reference lab, for *Cryptosporidium* testing at any time?
- ~ yes [*go to q. 31*]
 - ~ no [*skip to q. 33*]
 - ~ don't know [*skip to q. 33*]
31. To what laboratory do you send the specimens? _____
32. Does this laboratory send the results of their testing to your laboratory?
- ~ yes, our laboratory receives a report of their results [*skip to q. 33*]
 - ~ no, the laboratory sends the report only to the requesting physician or health care provider [*continue to q. 32A*]
- 32A. Does your laboratory have a method to retrieve the results of the other laboratory?
- ~ yes [*continue to q. 33*]
 - ~ no [*continue to q. 33*]
 - ~ don't know [*continue to q. 33*]
33. If a stool examination such as O&P or AFB reveals structures suggestive of *Cryptosporidium*, what does your lab do next?
- ~ test the specimen on-site with a stain/technique for *Cryptosporidium* [*skip to q. 51*]
 - ~ send the specimen to a reference lab for *Cryptosporidium* testing [*skip to q. 51*]
 - ~ report it as suggestive but do no further testing here or elsewhere [*skip to q. 51*]
 - ~ don't know [*skip to q. 51*]
 - ~ other, specify and then *skip to q. 51*: _____
34. Does your laboratory test on-site all stool specimens submitted for O&P for *Cryptosporidium* ?
- ~ yes [*go to q. 35*]
 - ~ no [*skip to q. 37*]
 - ~ don't know [*skip to q. 37*]
35. Does your laboratory perform on-site testing for *Cryptosporidium* on liquid stool specimens submitted for bacterial culture?
- ~ yes
 - ~ no
 - ~ don't know

36. If a stool examination such as AFB reveals structures suggestive of *Cryptosporidium*, what does your lab do next? [*Check all that apply then skip to q. 40*]
- ~ test the specimen on-site with a stain/technique for *Cryptosporidium*
 - ~ send the specimen to a reference lab for *Cryptosporidium* testing
 - ~ report it as suggestive but do no further testing here or elsewhere
 - ~ don't know
 - ~ other, specify: _____ [*skip to q. 31*]
37. Does your laboratory perform on-site testing of stool specimens for *Cryptosporidium* if requested by a physician?
- ~ yes [*continue to q. 38*]
 - ~ no [*continue to q. 38*]
 - ~ no, we send the specimen to a reference laboratory for testing [*continue to q. 38*]
 - ~ don't know [*continue to q. 38*]
38. If a stool examination such as O&P or AFB reveals structures suggestive of *Cryptosporidium*, what does your lab do next?
- ~ test the specimen on-site with a stain/technique for *Cryptosporidium*
 - ~ send the specimen to a reference lab for *Cryptosporidium* testing
 - ~ report it as suggestive but do no further testing here or elsewhere
 - ~ don't know
 - ~ other, specify: _____
39. Are there any other circumstances that your laboratory tests on-site for *Cryptosporidium*? [*Check all that all apply*]
- ~ yes, all liquid stool specimens even if submitted for C&S testing
 - ~ yes, all liquid stool specimens submitted for O&P
 - ~ yes, all stool specimens submitted for O&P from known HIV-positive persons
 - ~ yes, all stool specimens submitted for O&P from hospitalized persons
 - ~ yes, other, specify _____
 - ~ no, there are no other circumstances
40. What was the total number of stool specimens examined by your laboratory for *Cryptosporidium* in 1996?
- |_|_|_|_|_| total number examined [*continue to q. 41*]
- ~ don't know [*skip to q. 42*]
41. Is this number from records or is it an estimate?
- ~ records
 - ~ estimate
42. How many specimens were positive for *Cryptosporidium* in 1996?
- |_|_|_|_|_| total number of positive specimens [*continue to q. 43*]
- ~ don't know [*skip to q. 44*]

43. Is this number from records or is it an estimate?
 ~ records
 ~ estimate
44. What method does your laboratory use for examining stool specimens for *Cryptosporidium*?
 ~ direct [skip to q. 46]
 ~ concentration, if so, method: _____
 ~ both, if so, concentration method: _____
45. Does your concentration method for *Cryptosporidium* involve centrifugation?
 ~ yes, please indicate : _____(minutes) @ _____X g.
 ~ no
46. What type(s) of stains/techniques does your laboratory use for *Cryptosporidium* testing? If more than one stain/technique is used, please indicate (by checking the appropriate box) whether the particular stain/technique is used **Routinely** (i.e., to examine all stools tested for *Cryptosporidium*) 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).
- | <u>Type of Stain/technique used</u>
[Read all and check ALL that apply] | How is stain/technique used: | |
|---|------------------------------|---------------------|
| | <u>Routinely - OR-</u> | <u>Confirmatory</u> |
| | [Check EITHER box, not both] | |
| ~ Wet mount, not stained | ~ | ~ |
| ~ Wet mount, iodine or other temporary stain
if other, please specify stain: _____ | ~ | ~ |
| ~ Acid fast: type: _____ | ~ | ~ |
| ~ FA (Direct Immunofluorescence) | ~ | ~ |
| ~ ELISA: specify immunoassay
method: _____ | ~ | ~ |
| ~ PCR | ~ | ~ |
| ~ Other 1, please specify: _____ | ~ | ~ |
| ~ Other 2, please specify: _____ | ~ | ~ |
47. Do you ever send specimens for *Cryptosporidium* testing to another laboratory, e.g., a reference laboratory?
 [Check all that apply]
 ~ yes, positive specimens for confirmation. To what lab? _____
 ~ yes, (as stated in Question 28) at the request of a physician. To what lab? _____
 ~ yes, (as stated in Question 29) we send specimens with suspicious structures. To what lab? _____
 ~ yes, other indications, List: _____
 To what lab? _____
 ~ no [skip to q. 50]
 ~ don't know [skip to q. 50]
48. Does this laboratory send the results of their testing to your laboratory?
 ~ yes, our laboratory receives a report of their results [skip to q. 50]
 ~ no, the laboratory sends the report only to the requesting physician or health care provider [continue to q. 49]

49. Does your laboratory have a method to retrieve the results of the other laboratory?
- ~ yes
 - ~ no
 - ~ don't know
50. What does your laboratory use as its literature reference(s) for the technique(s) used for testing for *Cryptosporidium*? (Check all that apply)
- ~ ASM Clinical Microbiology
Procedures Handbook (Ed. Isenberg) _____ year and/or Edition _____
 - ~ Manual of Clinical Microbiology (Ed. Murray) _____ year and/or Edition _____
 - ~ NCCLS Procedures, _____ year and/or Edition _____
 - ~ Other 1, please specify: _____ Year ____ Edition ____
 - ~ Other 2, please specify: _____ Year ____ Edition ____

SECTION E: Cyclospora

51. Does your laboratory perform on-site testing of stool specimens submitted for O&P for *Cyclospora*?
- ~ yes *[skip to q. 56]*
 - ~ no *[go to q. 52]*
 - ~ don't know *[go to q. 52]*
52. Does your laboratory send stool specimens submitted for O&P to another laboratory, e.g., reference lab, for *Cyclospora* testing at any time?
- ~ yes *[go to q. 53]*
 - ~ no *[skip to q. 55]*
 - ~ don't know *[skip to q. 55]*
53. To what laboratory do you send the specimens? _____
54. Does this laboratory send the results of their testing to your laboratory?
- ~ yes, our laboratory receives a report of their results *[go to q. 55]*
 - ~ no, the laboratory sends the report only to the requesting physician or health care provider *[continue to q. 54A]*
- 54A. Does your laboratory have a method to retrieve the results of the other laboratory?
- ~ yes *[continue to q. 55]*
 - ~ no *[continue to q. 55]*
 - ~ don't know *[continue to q. 55]*

55. If a stool examination such as O&P or AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
- ~ test the specimen on-site with a stain/technique for *Cyclospora* [skip to END]
 - ~ send the specimen to a reference lab for *Cyclospora* testing [skip to END]
 - ~ report it as suggestive but do no further testing here or elsewhere [skip to q. END]
 - ~ don't know [skip to END]
 - ~ other, specify _____ [skip to END]
56. Does your laboratory test on-site all stool specimens submitted for O&P for *Cyclospora*?
- ~ yes [go to q. 57]
 - ~ no [skip to q. 59]
 - ~ don't know [skip to q. 59]
57. Does your laboratory perform on-site testing for *Cyclospora* on liquid stool specimens submitted for bacterial culture?
- ~ yes
 - ~ no
 - ~ don't know
58. If a stool examination such as AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
[Check all that apply then skip to Q. 62]
- ~ test the specimen on-site with a stain/technique for *Cyclospora*
 - ~ send the specimen to a reference lab for *Cyclospora* testing
 - ~ report it as suggestive but do no further testing here or elsewhere
 - ~ don't know
 - ~ other, specify: _____ [skip to q. 53]
59. Does your laboratory perform on-site testing of stool specimens for *Cyclospora* if requested by a physician?
- ~ yes [continue to q. 60]
 - ~ no [continue to q. 60]
 - ~ no, we send the specimen to a reference laboratory for testing [continue to q. 60]
 - ~ don't know [continue to q. 60]
60. If a stool examination such as O&P or AFB reveals structures suggestive of *Cyclospora* what does your lab do next?
- ~ test the specimen on-site with a stain/technique for *Cyclospora*
 - ~ send the specimen to a reference lab for *Cyclospora* testing
 - ~ report it as suggestive but do no further testing here or elsewhere
 - ~ don't know
 - ~ other, specify: _____

61. Are there any other circumstances that your laboratory tests on-site for *Cyclospora* (Check all that all apply)?
- ~ yes, all liquid stool specimens even if submitted for C&S testing
 - ~ yes, all liquid stool specimens submitted for O&P
 - ~ yes, all stool specimens submitted for O&P from known HIV-positive persons
 - ~ yes, all stool specimens submitted for O&P from hospitalized persons
 - ~ yes, other, specify _____
 - ~ no, there are no other circumstances
62. What was the total number of stool specimens examined by your laboratory for *Cyclospora* in 1996?
- |_|_|_|_| total number examined [*continue to q. 63*]
- ~ don't know [*skip to q. 64*]
63. Is this number from records or is it an estimate?
- ~ records
 - ~ estimate
64. How many specimens were positive for *Cyclospora* in 1996?
- |_|_|_|_| total number of positive specimens [*continue to q. 65*]
- ~ don't know [*skip to q. 66*]
65. Is this number from records or is it an estimate?
- ~ records
 - ~ estimate
66. What method does your laboratory use for examining stool specimens for *Cyclospora*?
- ~ direct [*skip to q. 68*]
 - ~ concentration, if so, method: _____
 - ~ both, if so, concentration method: _____
67. Does your concentration method for *Cyclospora* involve centrifugation?
- ~ yes, please indicate : _____(minutes) @ _____X g.
 - ~ no

68. What type(s) of stains/techniques does your laboratory use for *Cyclospora* testing? If more than one stain/technique is used, please indicate (by checking the appropriate box) whether the particular stain/technique is used **Routinely** (i.e., to examine all stools tested for *Cyclospora*) 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).

<u>Type of Stain/technique used</u> [Read all, check ALL that apply]	How is stain/technique used:	
	<u>Routinely - OR -</u>	<u>Confirmatory</u>
	[Check EITHER box, not both]	
~ Wet mount, not stained	~	~
~ Wet mount, iodine or other temporary stain if other, please specify stain: _____	~	~
~ Wet mount, autofluorescence	~	~
~ Acid fast: type: _____	~	~
~ Safranin, specify _____	~	~
~ PCR	~	~
~ Other 1, please specify: _____	~	~
~ Other 2, please specify: _____	~	~

69. What does your laboratory use as its literature reference(s) for the technique(s) used for testing for *Cyclospora*
[Check all that apply]

- ~ ASM Clinical Microbiology
Procedures Handbook (Ed. Isenberg) _____ year and/or Edition _____
- ~ Manual of Clinical Microbiology (Ed. Murray) _____ year and/or Edition _____
- ~ NCCLS Procedures, _____ year and/or Edition _____
- ~ Other 1, please specify: _____ Year ____ Edition ____
- ~ Other 2, please specify: _____ Year ____ Edition ____

70. Do you ever send specimens for *Cyclospora* testing to another laboratory, e.g., a reference laboratory? (Check all that apply)?

- ~ yes, positive specimens for confirmation, to what lab? _____
- ~ yes, (as stated in Question 50) at the request of a physician, to what lab? _____
- ~ yes, (as stated in Question 51) we send specimens with suspicious structures. To what lab? _____
- ~ yes, other indications, List: _____
To what lab? _____
- ~ no **[skip to END]**
- ~ don't know **[skip to END]**

71. Does this laboratory send the results of their testing to your laboratory?

- ~ yes, our laboratory receives a report of their results **[skip to END]**
- ~ no, the laboratory sends the report only to the requesting physician or health care provider **[continue to q. 63]**

72. Does your laboratory have a method to retrieve the results of the other laboratory?

~ yes

~ no

~ don't know

END. Thank you very much for participating in FoodNet.