

Questionnaire Indian Association of Medical Microbiologists (IAMM)

Questionnaire Sheet to be filled in by Participating Laboratory

Please fill in this form to affirm your consent to participate in this voluntary survey which is carried out by **Indian Association of Medical Microbiologists (IAMM)**. We would much appreciate your inputs within 3 weeks. Please send in completely filled in form to **Dr. B.L. Sherwal, Secretary, IAMM and Director, Rajendra Institute of Medical Sciences** at labreview.iamm@gmail.com with a copy to **Ms. Richa Kedia** at richakedia2017@gmail.com

A. GENERAL

1	Name of the Laboratory:
2.	Name of Institution:
3.	Details of Focal Person/ Laboratory Incharge: Name & Designation: Telephone, Fax: E-mail:
4.	Complete Postal Address of the laboratory (State, District, City/Town/Village & Pin Code):
5.	Coordinates* of the laboratory: Latitude: Longitude: *Note: GPS coordinates can be obtained from the Google Maps app using Android mobile device. For the location of Lab to be geocodable, coordinates in degrees up to 6 decimal places are required.
6.	Address of Institutional Web site (if any):
7.	Sector: <input type="checkbox"/> Public <input type="checkbox"/> Private
8.	Laboratory Affiliation (Tick one) : <input type="checkbox"/> Private Diagnostic Laboratory <input type="checkbox"/> District Hospital Laboratory <input type="checkbox"/> Medical College hospital laboratory <input type="checkbox"/> Research laboratory (DBT/ DST/ CSIR/ ICMR) <input type="checkbox"/> Veterinary laboratory <input type="checkbox"/> Other (Specify: _____)
9.	Average number of samples received for Infectious Disease testing per month:
10A	Is the laboratory part of an established national surveillance network (Tick all that apply): <input type="checkbox"/> Polio <input type="checkbox"/> TB/RNTCP <input type="checkbox"/> HIV/NACO <input type="checkbox"/> Vector Borne Diseases/NVBDCP <input type="checkbox"/> Integrated Disease Surveillance Program (IDSP) <input type="checkbox"/> Influenza <input type="checkbox"/> Measles/Other Vaccine Preventable Diseases <input type="checkbox"/> Animal Disease Surveillance Network (please specify _____) <input type="checkbox"/> Any other (Please Specify _____)
10B	If yes to any of above, is the laboratory a reference laboratory for the network? <input type="checkbox"/> Yes <input type="checkbox"/> No

	If it is referral lab for more than 1 network, please write the names: _____		
11	Is a microbiologist posted in the laboratory		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to above, what is his/her qualification _____		
12	Is the laboratory accredited by NABL or equivalent agency		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to above, Please attach the scope of accreditation		
13	Does the laboratory participate in any External Quality Assurance (EQA) program		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, write the name of EQA providing agency & name of the network under which lab is enrolled for EQA (if any) _____		
14	Is there a regular supply of water?		<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is there a regular supply of electricity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Is there power backup for major equipment (e.g. generator, ups)		<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Does the laboratory currently have dedicated internet connectivity?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18A	Does the use an electronic Laboratory Information System (LIS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
18B	If yes, What is the name of the vendor / Software (Version optional).....		
19C	Is the LIS integrated with hospital Information Management System (HIMS/HIS)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Premises (tick all that apply)	<input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Rented	
21	Kinds of Samples Handled:	<input type="checkbox"/> Human <input type="checkbox"/> Animal <input type="checkbox"/> Food <input type="checkbox"/> Environmental	
	(tick all that apply)		
22	Is the lab able to reject specimens, if it doesn't meet the sample rejection criteria?		<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Does the lab get standardized request forms for test requests?		<input type="checkbox"/> Yes <input type="checkbox"/> No
24	Does the lab use standardized report formats for sending reports?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25	How are reports submitted to the state/central government (circle all that apply): Manually/Email/L form/ Not submitted		
26	Does the lab receive any feedback from state or central level on reports submitted?		<input type="checkbox"/> Yes <input type="checkbox"/> No
27	Staff	Total number of staff	Formal training in Microbiology (Bachelor/Masters level)
	Microbiologist		
	Pathologist		
	Lab Technician		
	Lab Assistant		Not applicable
	Safaiwala/Class4		Not applicable
28	How many of lab personnel have been vaccinated against Hepatitis B: Number of Vaccinated staff/ Total Number of staff		
29	Does the lab perform competency assessments of the staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, how?.....		

B. Infectious disease Capacity and Function

Please provide the following information regarding laboratory tests for different diseases and average number of tests being performed per month at your laboratory (tick all that apply)?

Infections	Test being performed (Yes/No)	Average number of tests performed in a month
Anthrax		
McFadyean Staining		
Culture/isolation/identification		
PCR		
Brucellosis		
Brucella culture & Identification		
Serology (Standard Agglutination Test)		
Brucella PCR		
Cholera		
Rapid Diagnostic test (Crystal VC)		
Wet mount/hanging drop preparation		
Culture/isolation and Identification		
Antibiotic Susceptibility testing		
Serotyping/serogrouping O1/O139, Inaba, Ogawa		
Molecular assay (PCR)		
Shigella infection		
Culture for isolation and identification		
Antibiotic Susceptibility testing		
Serotyping		
PCR		
Salmonella infection		
Serologic test (Widal, Typhidot, Tubex)		
Stool culture for isolation and identification		
Blood culture for isolation and identification		
Antibiotic Susceptibility testing		
Serotyping		
PCR		
E.coli infection		
Serotyping		
PCR (Molecular serotyping)		
Campylobacter infection		
Culture for isolation and identification		
Antibiotic Susceptibility testing		
PCR		
Diphtheria (C. diphtheriae)		
Albert staining		
Culture		
Toxin detection by precipitation/RID		
Toxin detection by other method		
Strain typing		
Haemophilus infection		
Antigen detection (CSF)		
Culture+ID		
AST		
Strain typing		
Leptospirosis		
Special stain (such as silver impregnation)		
Immunochromatography (RDT for antibodies)		

Culture/isolation/identification		
Microscopic Agglutination Test (MAT)		
Anti-leptospira antibodies (IgM) detection by IFA or ELISA		
Detection/identification by molecular biology (PCR)		
Meningococcal meningitis		
Antigen detection in CSF		
Culture & Identification		
AST		
Serotyping		
PCR		
Pertussis		
Culture & Identification		
Serology		
PCR		
Pneumococcus/Streptococcus infection		
Gram stain microscopy		
Antigen detection		
Culture+ID		
AST		
MIC for penicillin		
Pneumococcal strain typing		
Scrub Typhus/ Rickettsiosis		
Weil Felix		
Immunofluorescence assay		
ELISA		
PCR for Scrub typhus		
PCR for other rickettsiosis		
Syphilis		
VDRL		
RPR		
TPHA		
FTA ABS		
Tuberculosis		
Light microscopy		
Fluorescence microscopy		
Solid culture & DST		
Liquid culture & DST		
Line Probe assay		
Genexpert		
Plague (Yersinia pestis)		
F1 antigen detection		
RDT for antibody detection		
Culture/isolation/identification		
Phage sensitivity		
Antibiotic Susceptibility testing		
PCR assays (RT-PCR)		
Melidiosis		
Culture & Identification		
PCR		
Chikungunya		
IgM serology		
Culture and Identification (cytopathic effect)		
PCR		
Dengue		
NS1 antigen detection ELISA		

IgM serology		
IgG serology		
PCR based serotyping		
Virus culture		
Hepatitis(A, B, C, E)		
HAV		
IgM		
PCR		
HBV		
HBs Ag		
IgM anti HBc		
Other markers		
HBV PCR		
HCV		
HCV Serology		
HCV PCR (Qualitative, Quantitative)		
HCV genotyping		
Hep E		
IgM HEV		
HEV PCR		
HIV		
Rapid tests		
ELISA		
Viral load		
CD4/CD8		
Human seasonal Influenza		
Viral culture		
ELISA serology		
RT-PCR seasonal influenza		
RT-PCR new subtypes		
Avian Influenza		
PCR for H5N1		
PCR for Other A.I. viruses (specify_____)		
JE		
IgM Antibody detection		
Virus isolation		
PCR		
Measles/rubella		
IgM ELISA serology		
PCR		
Rotavirus		
RDTs		
ELISA Ag detection on stool		
PCR		
Rabies		
Electron microscopy		
Direct Immunofluorescence Antibody test		
Virus isolation		
RDIT (Rapid Direct Immuno-histochemsitry Test)		
PCR		
Norovirus		
PCR		
Enterovirus		
IgM ELISA serology		
Culture		

PCR		
West Nile fever		
PCR		
IgM ELISA serology		
Culture and isolation		
Leishmania		
Microscopy for LD bodies		
Antigen detection by RDT (rapid diagnostic test)		
Culture		
PCR		
Cryptococcus		
India ink preparation		
Antigen detection		
Culture/ID		
Malaria		
Peripheral blood smear microscopy		
RDT (rapid diagnostic test)		
QBC (Quantitative Buffy Coat)		
PCR		
Does the lab maintain and use the following ATCC strains for quality control?		Yes/ No
Staplylococcus aureus ATCC 25923		
Staplylococcus aureus ATCC 29213		
Enterococcus faecalis ATCC 29212		
E. coli ATCC 25922		
Pseudomonas aeruginosa ATCC 27853		

In the last 12 months, did the lab participate in Lab investigation of any outbreak? Yes No

If yes, please specify:

Name of the Outbreaks	Participated (Yes/No)
Acute Diarrheal Disease/ Food poisoning Outbreaks	
Acute Encephalitis/Meningitis Outbreaks	
Acute Jaundice Syndrome Outbreaks	
Acute respiratory syndrome Outbreaks	
Undifferentiated Fever Outbreaks	
Hemorrhagic Fever Outbreaks	
Fever with rash Outbreaks	

For which pathogens is drug resistance testing being done?

Pathogen/Disease	Average no. of tests per month
TB	
Haemophilus influenzae	
Moraxella catarrhalis	
Neisseria meningitides	
Neisseria gonorrhoeae	

C. BIOSAFETY, HYGIENE AND SECURITY

S.No	Question	Response
1	Is the whole building securely locked when unoccupied?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Is there security guard employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Does the laboratory store pathogens/samples	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, where are the isolates stored?	<input type="checkbox"/> In refrigerator/freezer with other lab media and reagents <input type="checkbox"/> Separate refrigerator/freezer

	If yes, do you store the following isolates/samples?	Clinical Isolates: <input type="checkbox"/> Common Enterobacteriaceae <input type="checkbox"/> <i>Vibro Cholerae</i> <input type="checkbox"/> <i>Brucella species</i> <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> <i>Non-typhoid Salmonella spp.</i> <input type="checkbox"/> <i>Burkholderia mallei/pseudomallei</i> <input type="checkbox"/> Bacillus anthracis <input type="checkbox"/> Salmonella typhi <input type="checkbox"/> Polio virus <input type="checkbox"/> Influenza virus (H1N1 or H5N1) Samples for Patients: <input type="checkbox"/> Suspected Poliovirus samples <input type="checkbox"/> Suspected Viral Hemorrhagic fever samples <input type="checkbox"/> Suspected Scrub typhus samples <input type="checkbox"/> Suspected meningococcal meningitis samples <input type="checkbox"/> Suspected avian influenza samples <input type="checkbox"/> Suspected seasonal influenza samples
4	Are storage areas locked	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Is access to technical (sample processing/testing) areas of laboratory restricted to lab staff only	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Is place for specimen or result data documentation separate from specimen processing area	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Where does laboratory staff sit during lunch and tea breaks	<input type="checkbox"/> Within the technical area <input type="checkbox"/> Outside technical area
8	Where is the facility for hand washing (i.e. sink)	<input type="checkbox"/> Within the technical area <input type="checkbox"/> Outside technical area
9	Is work area regularly decontaminated after work	<input type="checkbox"/> Yes <input type="checkbox"/> No
10	Is there adequate quantity and regular supply of personal protective equipment (gloves, masks, lab coat) in the laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	How waste is discarded/segregated at source	<input type="checkbox"/> Segregated in different colour coded bags <input type="checkbox"/> All the waste are discarded in one bag
12	Do you have a regular supply of different colour coded bags	<input type="checkbox"/> Yes <input type="checkbox"/> No
13	Is the waste decontaminated before leaving the laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Is there a written policy for disposal of sharp	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Is there a written policy for disposal of liquid waste	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Is biomedical waste outsourced	<input type="checkbox"/> No <input type="checkbox"/> Yes (please specify) _____
17	What is the periodicity of waste collection	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other (please specify) _____
18	Does the laboratory maintain record of the staff training for handling infectious pathogens	<input type="checkbox"/> Yes (Please specify _____) <input type="checkbox"/> No
19	Is there a written policy for appropriate staff immunizations against agents handled or potentially present in the laboratory	<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Is the laboratory has details of archival of staff's serum samples	<input type="checkbox"/> Yes <input type="checkbox"/> No
21	Is there a system of reporting incidents that may result in exposure to infectious materials	<input type="checkbox"/> Yes <input type="checkbox"/> No
22	Is there separate exit during fire and other emergencies (it needs to be clearly marked on laboratory layout)	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Does the lab have a biosafety cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No

24	Is Certification of Biosafety Cabinet being done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If yes, what was the date of last certification?	_____
25	Please indicate which of the following safety equipment are Available (and functional)	<input type="checkbox"/> Emergency showers <input type="checkbox"/> N95 Mask <input type="checkbox"/> Eyewash <input type="checkbox"/> Face shield <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Safety blankets <input type="checkbox"/> Smoke/heat detectors <input type="checkbox"/> Sharp containers
26	What is the biosafety level of the laboratory	<input type="checkbox"/> BSL1 <input type="checkbox"/> BSL 2 <input type="checkbox"/> BSL 3
27	Have the lab personnel been trained on Biosafety/ Biosecurity (Biorisk Management)?	
28	Does the lab have resources to conduct risk assessment?	
29	Name, Designation & Contact Number of person filling the form	

D. EQUIPMENT STATUS OF THE LABORATORY

Sl. No	Name of Equipment	Total Number of Equipment	Number of functional Equipment	Under AMC/CMC (Yes/No)
1	Separate Autoclave for disinfection of waste			
2	Freezer (-20°C)			
3	Freezer (-70/80°C)			
4	Bio-Safety Cabinet Class II			
5	Bio-Safety Cabinet Class III			
6	Automated system for blood culture (if yes, specify.....)			
7	Automated system for Identification & AST (if yes, specify.....)			