

## INTERVIEW GUIDE FOR LABORATORIES

## GENERAL INFORMATION

Date of interview \_\_\_\_/\_\_\_\_/\_\_\_\_ Interviewer's name: \_\_\_\_\_

Department/province: \_\_\_\_\_ Municipality/district: \_\_\_\_\_

Laboratory name: \_\_\_\_\_

Laboratory level: Regional Ref. Lab ( ) National Ref. Lab ( ) Subnational Lab ( )

Person interviewed: \_\_\_\_\_ Position: \_\_\_\_\_

EVALUATION CRITERIA		RESPONSE		COMMENTS - OBSERVATIONS			
		Yes	No				
Ask	1.1 Does the laboratory perform tests for the investigation of EPI diseases?			If the response is no, go directly to Part IV.			
Ask	1.2 For which of the following diseases are laboratory diagnostic tests performed?			Has a protocol	Type of tests performed	N° of samples processed	Comments
	1.2.1 Measles and rubella						If the response is YES, complete Part II - MEA/RUB; if the response is NO continue with Parts I and IV.
	1.2.2 Poliomyelitis						If the response is YES, complete Part III - Polio; if the response is NO, continue with Parts I and IV.
	1.2.3 Diphtheria						
	1.2.4 Whooping cough						
	1.2.5 Influenza						
	1.2.6 Diarrheal diseases caused by rotavirus						
	1.2.7 Invasive bacterial diseases						
	1.2.8 Yellow fever						
	1.2.9 Other (specify):						
Ask	1.3 How are positive and negative results for vaccine-preventable diseases (VPD) reported?			Specify.			
Verify	1.4 Is training provided to the personnel that collect samples at the local or intermediate levels? Indicate the frequency and provide data on the training workshops.			Specify.			
Ask	1.5 Have laboratory personnel been trained in biosafety standards?			Specify.			
Ask	1.6 Is there a vaccination program for laboratory staff?			Specify the schedule.			
Verify	1.7 The laboratory has:						
	1.7.1 -20 °C freezers?			Record the temperature at the time of the visit.			
	1.7.2 -70 °C freezers?			Record the temperature at the time of the visit.			
Ask	1.8 Are financial resources available to support						
	1.8.1 Training?						
	1.8.2 Sending samples to another laboratory?						
	1.8.3 Equipment maintenance and repair?						

## INTERVIEW GUIDE FOR LABORATORIES (CONTINUED)

EVALUATION CRITERIA		RESPONSE		COMMENTS - OBSERVATIONS
		Yes	No	
PART I. GENERALITIES	1.8.4 Contracting human resources?			
	1.8.5 Procurement of reagents and supplies?			
	1.8.6 Procurement of office equipment (telephone, fax, computers)?			
	1.8.7 Procurement of laboratory equipment?			
	1.8.8 Other?			
	Ask 1.9 Does the laboratory participate in periodic meetings with epidemiologists and the EPI to coordinate surveillance and final classification of cases?			
	Ask 1.10 Does the laboratory receive supervisory visits?			
	Ask 1.11 Does it perform quality control tests?			
	1.11.1 Internal			
	1.11.2 External			
PART II. MEASLES/RUBELLA (MEA/RUB)	Verify 1.12 Years and results of the most recent quality control tests.			Record the percentage of concordance for this level.
	Verify 1.13 Does the laboratory keep records of all the tests performed?			Specify.
	Ask 2.1 Is the IgM for measles and for rubella analyzed simultaneously for each suspected case?			Specify.
	Ask 2.2 Are other diagnostic tests (IgG, PCR, culture, others) available for measles and rubella?			Specify which ones.
	Ask 2.3 Are differential diagnoses made for other febrile rash illnesses?			Specify.
	2.4 Samples:			Specify.
	Verify 2.4.1 Do they arrive with completed reporting forms?			Specify any incomplete data.
	Ask 2.4.2 Do they meet the minimum standards (quantity and temperature) for optimal processing according to the type of test to be performed?			Describe the main difficulties.
	Verify 2.5 Does this laboratory comply with the indicator to report laboratory results to the appropriate level within 4 days?			If it does not comply, why not?
PART III. POLIO	Verify 3.1 Does this laboratory send samples of acute flaccid paralysis to another laboratory?			Specify the laboratory.
	Ask 3.2 How long does it take on average (weeks or months) to obtain results on acute flaccid paralysis samples?			Specify.
	3.3 Samples:			Specify.
	Verify 3.3.1 Do they arrive with completed reporting forms?			Specify any incomplete data.
	Ask 3.3.2 Do they meet the minimum standards (quantity and temperature) for optimal processing according to the type of test to be performed?			Describe the main difficulties.

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EVALUATION CRITERIA		RESPONSE		COMMENTS - OBSERVATIONS
		Yes	No	
Ask	4.1 In the event that samples are sent to another reference laboratory:			
	4.1.1 With whom is the shipment of samples coordinated?			
	4.1.2 How are the samples stored prior to shipment?			Specify.
	4.1.3 Where are the samples sent?			
	4.1.4 How often are such shipments made?			
Ask	4.2 Are patient investigation forms attached to the samples that are shipped?			

[illegible]