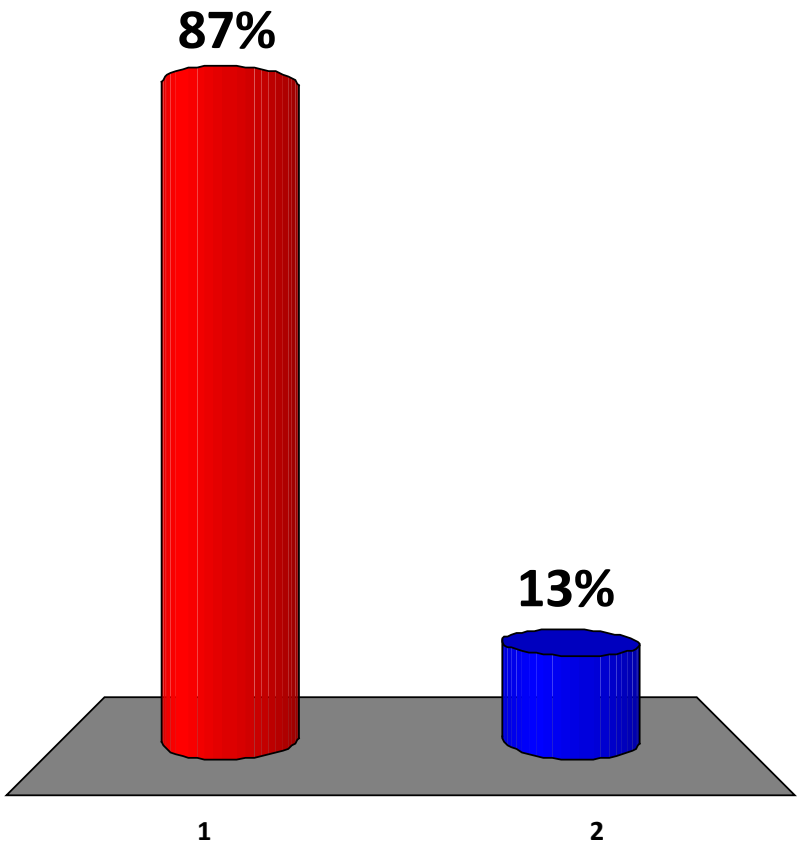
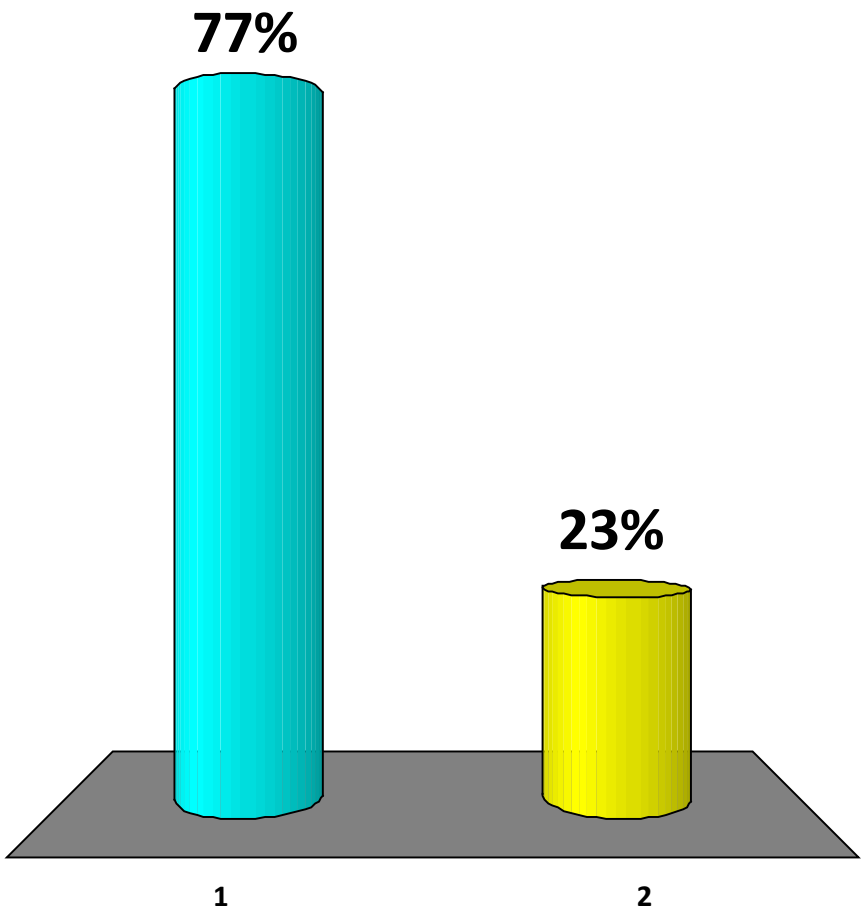
1. Does your laboratory perform nucleic acid amplification testing routinely, or routinely refer specimens to another laboratory that does NAA?

1. Yes
2. No



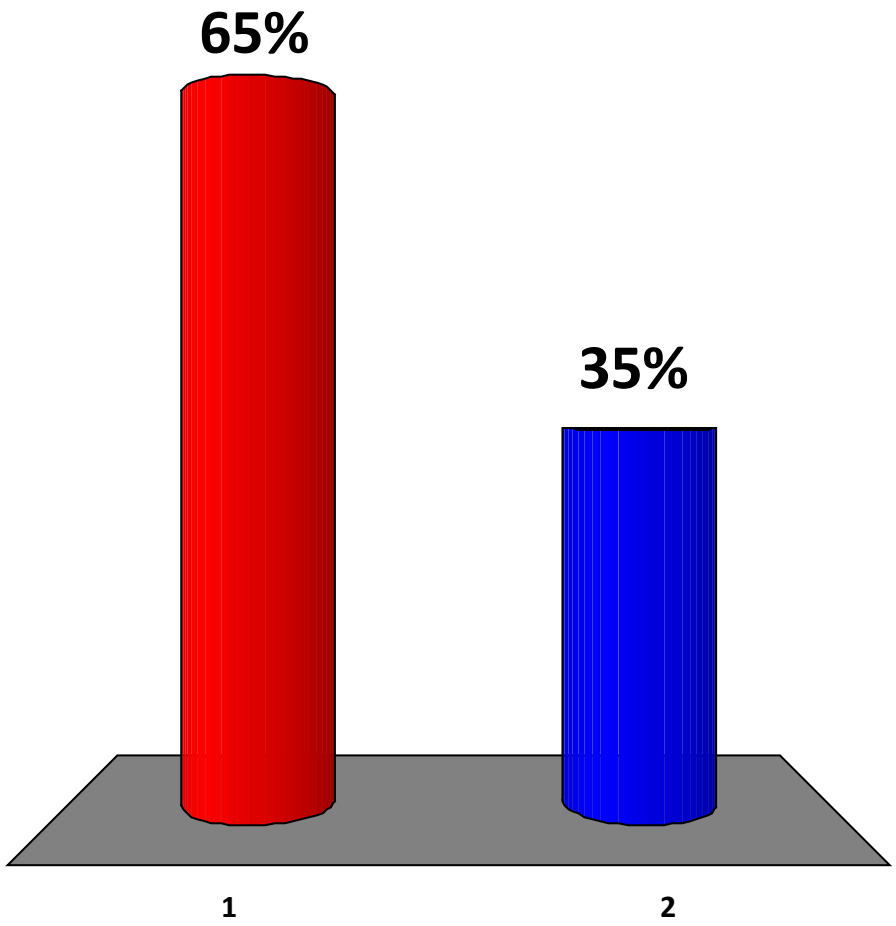
2. If your laboratory performs NAA testing, do you use an FDA-approved test or a validated laboratory developed test?

1. FDA-approved test
2. Laboratory-developed test



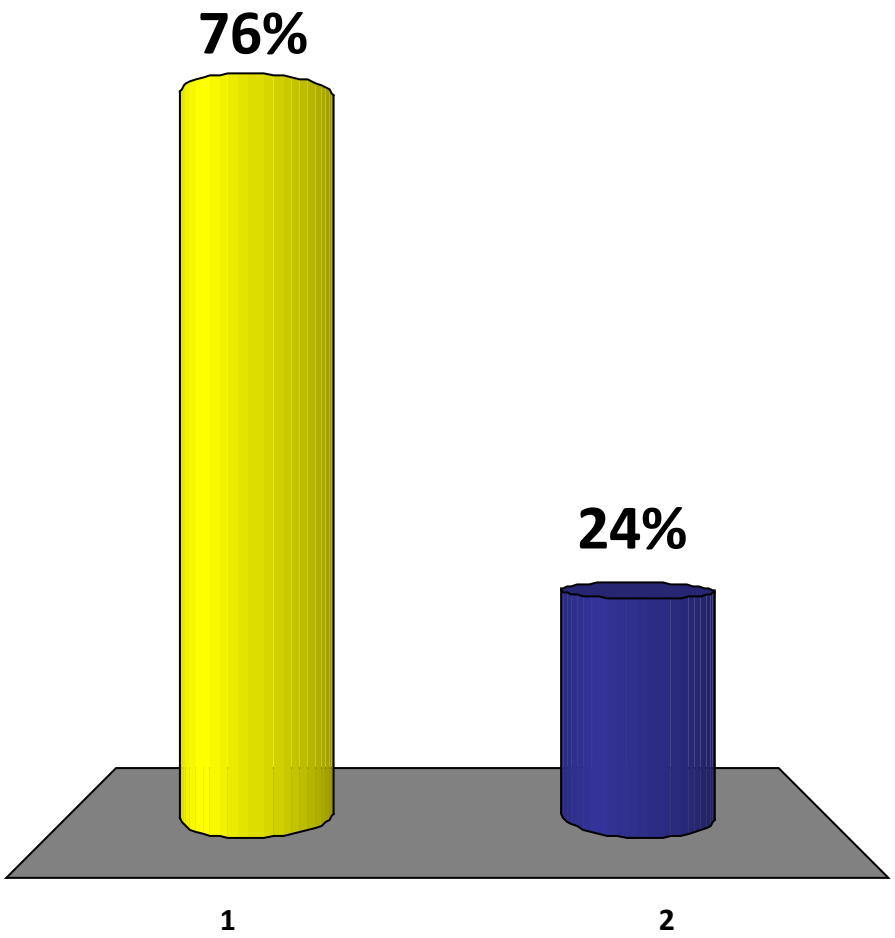
3. Would your laboratory use a non-FDA approved test for the detection of Mtb and/or drug resistance?

1. Yes
2. No



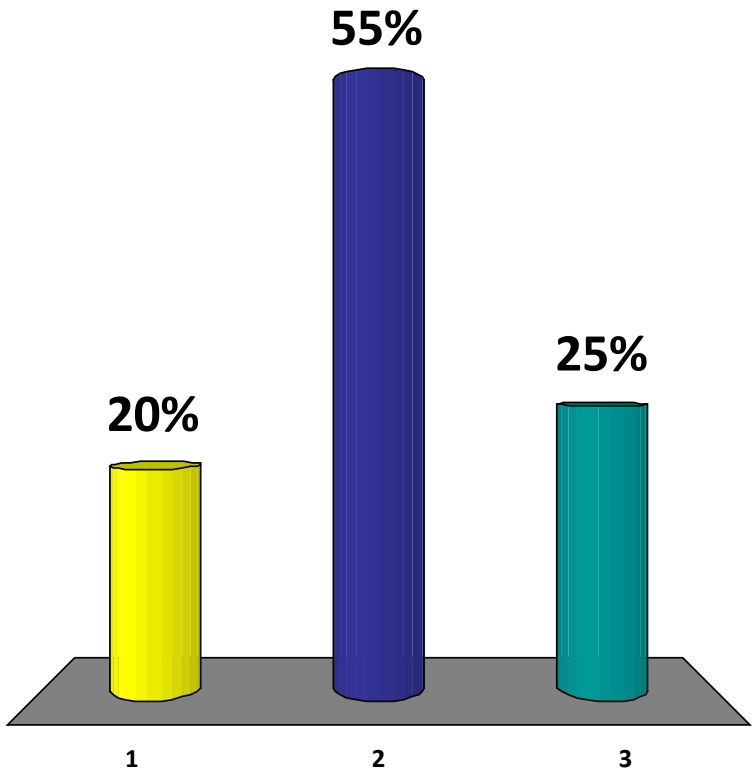
4. If your laboratory performs NAA testing, has it been validated for testing of acid-fast smear negative specimens?

1. Yes
2. No



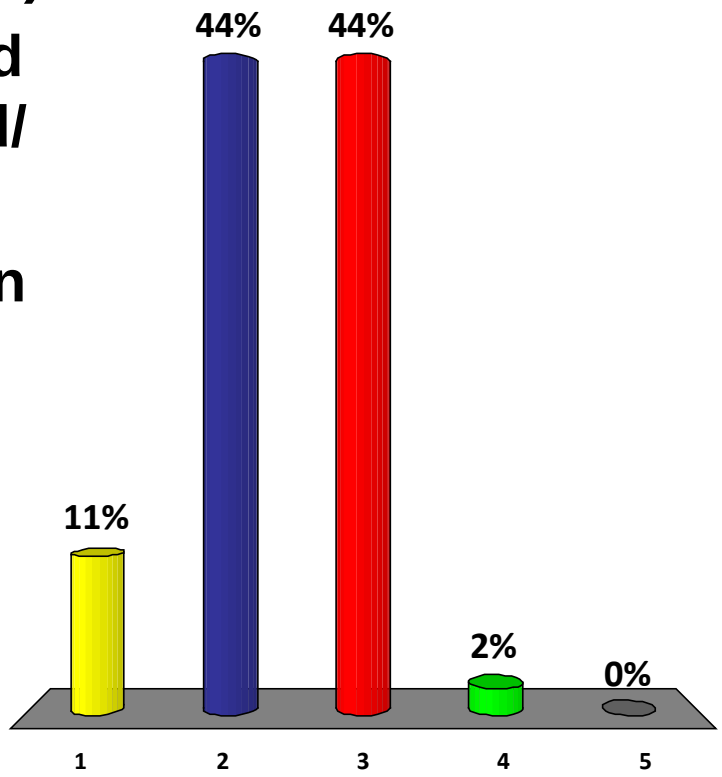
5. If your laboratory performs NAA testing or other molecular testing directly on specimens, do you perform an assay(s) that detects mutations associated with resistance to one or more anti-TB drugs?

1. Yes
2. No
3. We do not perform NAA testing



6. If your laboratory had the opportunity to adopt a new molecular testing method, would you prefer to adopt an assay that:

1. Commercial method that detects MTB complex nucleic acids only (e.g., MTD)
2. Commercial method for detection and DR mutation screening (e.g., Cepheid/ HAIN)
3. Non-commercial method for detection and DR mutation screening (e.g., NY state's RT PCR + pyrosequencing)
4. Other in-house developed method (e.g., molecular beacons)
5. We would not implement any additional tests



7. Suppose that a Federal agency were to fund a couple of labs to provide the following service: PCR of specimens or cultures followed by DNA sequencing to detect resistance. If this service were provided free of charge to public health laboratories, would you:

1. Send selected acid-fast smear positive specimens (or primary cultures for smear-negative patients)
2. Send one specimen from each TB suspect, regardless of smear result
3. Send specimens only occasionally, when requested by TB control program
4. Send smear-negative specimens from selected patients, a specimen from all smear-positive patients, and cultures when specimen-based results are not available
5. Not likely use this service routinely