STD Testing Practices Survey

1. How many FTEs are currently trained to perform STD testing in your laboratory?

Chlamydia Testing Practices
The data provided in this survey should refer to testing practices in your laboratory from January 1, 2016 through December 31, 2016.

2. Does your laboratory provide or refer the following chlamydia testing services? Please indicate the primary practice for each category.

<table>
<thead>
<tr>
<th>Chlamydia Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct fluorescent antibody (DFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hybrid capture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microimmunofluorescence (MIF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enzyme Immunoassay (EIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complement Fixation (CF)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Testing (NAAT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIA-Waived Point of Care Test/Rapid Diagnostic Test</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Skip pattern: skip to question 7 if “Not Offered” is selected for EVERY OPTION or “In-House” is NOT selected for at least one option.)

3. How many specimens did your laboratory test in-house (by any method) for chlamydia? # Tested ______ # Positive_______

4. What is the primary method used to identify Chlamydia trachomatis in your laboratory? Please select only one answer.
   - Culture
   - Abbott RealTime CT/NG
   - APTIMA Chlamydia trachomatis (CT) (Tigris, Panther, or DTS) (Hologic)
   - APTIMA Combo 2 for CT/NG (Tigris, Panther or DTS) (Hologic)
   - ClearView Chlamydia (Alere)
   - BD ProbeTec ET CT/GC Amplified DNA Assays
   - BD ProbeTec CT Q’ Amplified DNA Assay (for Viper)
   - GeneXpert CT/NG (Cepheid)
   - Cobas Amplicor CT/NG (Roche)
   - Cobas 4800 CT/NG (Roche)
   - Laboratory Developed PCR
   - MicroTrak Chlamydia Trachomatis Direct Specimen (Trinity)
   - Pathfinder Chlamydia DFA (Bio-Rad)
   - Qiagen DiGene Hybrid Capture (HC2) CT/GC
   - QuickVue Chlamydia (Quidel)
   - Other-please specify:
STD Testing Practices Survey

5. Which types of chlamydia specimens does your laboratory accept for NAAT? Please check all that apply.
   - Anorectal/Rectal swab*
   - Endocervical swab
   - Endocervical specimen in liquid PAP collector
   - Male urethral swab*
   - Ocular/conjunctival swab
   - Oropharyngeal/Throat swab
   - Serum
   - Urine
   - Vaginal swab*
   - Other - please specify:

   (If any with an asterisk are marked ask the following question 5c)

5a. Of the specimen types your laboratory accepts, which is the most common type received for chlamydia testing on male specimens?
   (Prepopulated with male options from 5 that were selected)

5b. Of the specimen types your laboratory accepts, which is the most common type received for chlamydia testing on female specimens?
   (Prepopulated with female options from 5 that were selected)

5c. Of the specimen types your laboratory accepts for chlamydia testing, are any of them...
   - Clinician collected
   - Self-collected in a clinical setting
   - Self-collected in a home setting
   - Laboratory does not receive information about collection method

6. Does your laboratory perform repeat testing on all positive specimens that test positive for Chlamydia by NAAT?
   - Routinely
   - Occasionally _Under what circumstances would you do repeat testing?
   - No

7. Has your laboratory been asked to do drug susceptibility testing for chlamydia?
   - Yes
   - No
   - Don’t know
8. Did your laboratory receive any specimens specifically for Lymphogranuloma venereum (LGV) testing?
   - Yes (go to 8a)
   - No (go to 9)
   - Don’t know (go to 9)

8a How did your laboratory test these specimens for LGV?
   - In-house testing by amplification methods for Chlamydia trachomatis
   - In-house testing by amplification methods for LGV, specifically
   - In-house testing by culture
   - Referred for testing by amplification methods for Chlamydia trachomatis
   - Referred for testing by amplification methods for LGV, specifically
   - Referred for testing by culture
   - Other - please specify:

Gonorrhea Testing Practices

9. Does your laboratory provide or refer the following gonorrhea testing services? Please indicate the primary practice for each category.

<table>
<thead>
<tr>
<th>Gonorrhea Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>Go 9a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gram stain smears</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hybrid Capture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enzyme Immunoassay (EIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Testing (NAAT)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(SKIP PATTERN: skip to question 14 if “Not Offered” is selected for EVERY OPTION or “In-House” is NOT selected for at least one option.)

9a. Which types of specimens is your laboratory able to culture for N. gonorrhoeae? Please check all that apply.
   - Bodily fluids (including: joint/synovial fluid, surgical sites)
   - Endocervical swab
   - Ocular/Conjunctival swab
   - Male urethral swab
   - Rectal swab
   - Throat swab
   - Vaginal swab
   - Other - please specify:

9b. Please enter the approximate volume from 2016. Volume from 9a responses

10. How many total specimens did your laboratory test in-house (by any method) for Gonorrhea?
    # Tested: _____ # Positive___________
11. What is the primary method used for the identification of *Neisseria gonorrhoeae* in your laboratory? *Please select only one answer.*

- Culture
- Abbott RealTime CT/NG
- APTIMA Combo 2 for CT/NG (Tigris, Panther or DTS) (Hologic)
- APTIMA Neisseria gonorrhoea (GC) (Tigris, Panther, or DTS) (Hologic)
- BD ProbeTec ET CT/GC Amplified DNA Assays
- BD ProbeTec GC Q Amplified DNA Assay (for Viper)
- COBAS Amplicor CT/NG (Roche)
- COBAS 4800 CT/NG (Roche)
- GeneXpert CT/NG (Cepheid)
- Laboratory Developed Test (PCR)
- Qiagen DiGene Hybrid Capture (HC2) CT/GC

12. Which types of *N. gonorrhoeae* specimens does your laboratory accept for NAAT testing? *Please check all that apply.*

- Anorectal/Rectal swab*
- Endocervical swab
- Endocervical specimen in liquid PAP collector
- Male urethral swab*
- Ocular/conjunctival swab
- Oropharyngeal/Throat swab
- Serum
- Urine
- Vaginal swab*
- Other please - specify

*(If any with an asterisk are marked ask the 12c)*

12a. Of the specimen types your laboratory accepts, which is the most common type received for gonorrhea testing on male specimens in your laboratory?

*(Prepopulated with options from 12 that were selected)*

12b. Of the specimen types your laboratory accepts, which is the most common type received for gonorrhea testing on female specimens in your laboratory?

*(Prepopulated with options from 12 that were selected)*
STD Testing Practices Survey

12c. Of the specimen types your laboratory accepts for gonorrhea testing, how are they collected?

- Clinician collected
- Self-collected in a clinical setting
- Self-collected in a home setting
- Laboratory does not receive information about collection method

13. Does your laboratory perform repeat testing on all positive specimens that test positive for Gonorrhea by NAAT?
   - Routinely
   - Occasionally. Under what circumstances would you do repeat testing?
   - No

14. Does your laboratory perform *N. gonorrhoeae* susceptibility testing using any method, including beta lactamase testing?
   - Yes (please go to question 14a-b)
   - No (please go to question 15)

14a. What methods are used for *N. gonorrhoeae* susceptibility testing? Please check all that apply.
   - Agar dilution
   - Disc diffusion
   - Etest
   - Beta lactamase assay
   - Other - please specify:

14b. What antimicrobials are included in the *N. gonorrhoeae* susceptibility assay in your laboratory? Please check all that apply.
   - Azithromycin
   - Cefixime
   - Cefpodoxime
   - Ceftriaxone
   - Cefuroxime
   - Ciprofloxacin
   - Erythromycin
   - Levofloxacin
   - Ofloxacin
   - Penicillin
   - Spectinomycin
   - Tetracycline
   - Other-please specify:
STD Testing Practices Survey

Chlamydia/Gonorrhea Testing Practices

15. Does your laboratory provide Chlamydia and/or Gonorrhea NAAT?
   • Chlamydia (CT) NAAT and Gonorrhea (GC) NAAT can be ordered as individual tests
   • Chlamydia/Gonorrhea (CT/GC) NAAT can only be ordered in combination

16. Does your laboratory pool multiple specimens for Chlamydia and/or Gonorrhea NAAT?
   • Yes, both Chlamydia and Gonorrhea NAAT
   • Yes, Chlamydia NAAT only
   • Yes, Gonorrhea, NAAT
   • No, lab does not pool multiple specimens for NAAT

17. Does your laboratory provide or refer medical-legal testing for Chlamydia/Gonorrhea? In cases of sexual assault, survivors may be examined to determine if an infection is present so that it can be treated and to acquire evidence for potential use in a legal investigation. Nucleic acid amplification tests (NAATS) meet the criteria necessary for testing but acceptance of any test result is determined by local legal authorities. (Tooltip for medical legal testing)

<table>
<thead>
<tr>
<th>Test</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
<th>Neither</th>
</tr>
</thead>
<tbody>
<tr>
<td>Test in-house</td>
<td>Go to 17a</td>
<td>Go to 17a</td>
<td>Go to 17b</td>
</tr>
<tr>
<td>Refer to another PHL</td>
<td></td>
<td></td>
<td>Go to 17b</td>
</tr>
<tr>
<td>Refer to a commercial laboratory</td>
<td></td>
<td></td>
<td>Go to 17b</td>
</tr>
</tbody>
</table>

17a. What type of testing is provided for...

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAAT</td>
<td>17a1</td>
<td>17a1</td>
</tr>
<tr>
<td>Combination</td>
<td>17a2</td>
<td>17a2</td>
</tr>
<tr>
<td>Other</td>
<td>17a3</td>
<td>17a3</td>
</tr>
</tbody>
</table>

17a1- What assays do you use?

17a2- Please explain the process.

17a3- Please specify the other tests you provide.
17b. Is your laboratory interested in receiving assistance to identify a mechanism to begin offering medical-legal testing (in-house or referral)?
   - Yes – APHL will follow-up to assist.
   - No

**Syphilis Testing Practices**

18. Does your laboratory provide or refer the following syphilis testing services? Please indicate the primary practice for each test.

<table>
<thead>
<tr>
<th>Syphilis Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dark-Field Microscopy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct fluorescent antibody (DFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Blot</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Plasma Reagin (RPR) qualitative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid Plasma Reagin (RPR) quantitative</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venereal Disease Research Laboratory (VDRL)</td>
<td><strong>18a</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unheated Serum Reagin (USR)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Toluidine Red Unheated Serum Test (TRUST)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enzyme Immunoassay, Chemiluminescence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunoassay, Microsphere (EIA, CIA, MIA/MBIA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fluorescent Treponemal Antibody Absorption (FTA-ABS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Treponema Pallidum Particle Agglutination (TPPA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Test (NAAT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIA-Waived Point of Care Test/Rapid Diagnostic Kit</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other-please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(SKIP PATTERN: skip to Trichomonas section if “Not Offered” is selected for EVERY OPTION or if “In-House” is NOT selected for EVERY OPTION.)*

**If VDRL is selected as "in-house" ask the following question**

18a. Please indicate the reasons that your laboratory performs VDRL. Select all that apply.
   - Only test still recommended for cerebral spinal fluid testing
   - Time consuming and costly to perform verification studies to bring different methods on board
   - Costly to have more than one non-treponemal assay on testing menu
   - Other -please specify:

19. How many specimens did your laboratory test in-house (by any method) for syphilis?
   
   #Tested________ # Positive_________

*The next set of questions are to determine the specific laboratory syphilis testing algorithm used in your laboratory when a naïve (not yet tested) sample (serum, plasma or whole blood) is received.*
STD Testing Practices Survey

20. What is the first test used in your laboratory syphilis testing algorithm for serum/plasma/whole blood?

Treponemal
Non-treponemal

20a. For your non-treponemal assay do you?
   a. Perform a qualitative non-treponemal test and then reflex to a quantitative non-treponemal test to obtain the titer
   b. Perform a qualitative non-treponemal test only and if positive reflex to a treponemal test
   c. Perform a quantitative non-treponemal test and if positive reflex to a treponemal test

20b. What is the second test used in your syphilis testing algorithm for serum in your laboratory?

Treponemal
Non-treponemal

20c. For your non-treponemal assay do you?
   d. Perform a qualitative non-treponemal test and then reflex to a quantitative non-treponemal test to obtain the titer before going to the next step
   e. Perform a qualitative non-treponemal test only and if positive reflex to a treponemal test
   f. Perform a quantitative non-treponemal test and if positive reflex to a treponemal test

20d. If you perform a third test in your syphilis testing algorithm for serum what is the test?

Treponemal
Non-treponemal

21. Does your laboratory have an alternative protocol for samples received with a known past history of syphilis?
   - Yes- Please explain the protocol:
   - No

22. Has your laboratory been asked to test a sample to determine if the cause of a chancre is Syphilis or Herpes?
   - Yes
   - No
STD Testing Practices Survey

Trichomonas

23. Does your laboratory provide or refer the following Trichomonas testing services? Please indicate the primary practice for each category.

<table>
<thead>
<tr>
<th>Trichomonas Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wet Mount</td>
<td></td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>Culture (In-Pouch TV)</td>
<td></td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>Culture (Other media)</td>
<td>23a</td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>Nucleic Acid Probe</td>
<td></td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>Nucleic Acid Amplification Testing (NAAT)</td>
<td>23b</td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>CLIA-Waived Point of Care Test/Rapid Diagnostic Test</td>
<td></td>
<td></td>
<td>Q25</td>
</tr>
<tr>
<td>Other—please specify:</td>
<td></td>
<td></td>
<td>Q25</td>
</tr>
</tbody>
</table>

23a Please specify the culture method:________________________

23b In your laboratory, can providers order any of the following?
   o TV NAAT can be ordered as an individual test
   o TV NAAT can be ordered in combination with CT/GC NAAT
   o Not Applicable—TV NAAT not offered

24. How many specimens did your laboratory test in-house (by any method) for Trichomonas?  
   #Tested_____ Positive________________

Herpes

25. Does your laboratory provide or refer the following Herpes testing services? Please indicate the primary practice for each category.

<table>
<thead>
<tr>
<th>Herpes Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culture with Typing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Test (NAAT) NonType Specific</td>
<td>25a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Test (NAAT) Type Specific</td>
<td>25b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Direct fluorescent antibody (DFA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV Serology (Immunoblot, IFA or EIA)-NonType Specific</td>
<td>25c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV-1 Serology (Immunoblot, IFA or EIA) Type Specific</td>
<td>25c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HSV-2 Serology (Immunoblot, IFA or EIA) Type Specific</td>
<td>25c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLIA-Waived Point of Care Test/Rapid Diagnostic Test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other—please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STD Testing Practices Survey

25a Please indicate the primary method used for culture or culture with typing.
   - Standard Cell Culture
   - Shell Vials
   - Enzyme Linked Viral Inducible Multi-well System (ELVIS)
   - Other Method
   - Not Applicable

25b Please indicate the primary method used for NAAT.
   - AmpliVue® HSV 1+2 Assay (Quidel)
   - Anyplex™ II HSV-1/2 Assay (SeeGene)
   - ARIES® HSV 1&2 Assay (Luminex)
   - BD ProbeTec Herpes Simplex Viruses (HSV-1 &2) QX Amplified DNA Assays (BD)
   - Cepheid Type Specific HSV (ASR) NAAT Testing
   - Cobas HSV 1 and 2 Test (Roche)
   - Illumigene HSV 1&2 DNA Amplification Assay (Meridian)
   - IMDx HSV-1/2 for Abbott m2000 (Intelligent Medical Devices)
   - IsoAmp® HSV Assay (BioHelix)
   - Laboratory Developed NAAT
   - Multicode®-RTx Herpes Simplex Virus 1 &2 Kit (EraGen Biosciences)
   - Solana HSV 1+2/VZV Assay (Quidel)
   - Other Method
   - Not Applicable

25c Please select all methods used for HSV Serology.
   - Artus® HSV-1/2 QS-RGQ MDx Kit (Qiagen)
   - BioPlex® 2200 HSV-1 and HSV-2 IgG (Bio-Rad)
   - Captia™ Herpes Group IgG ELISA (Trinity)
   - Captia™ HSV 1 IgG EIA (Trinity)
   - Captia™ HSV 2 IgG EIA (Trinity)
   - Captia™ Herpes Simplex Virus (HSV) 1 Type Specific IgG EIA (Trinity)
   - Captia™ Herpes Simplex Virus (HSV) 2 Type Specific IgG EIA (Trinity)
   - Cobas® HSV 1 and 2 Test (Roche)
   - Elecsys HSV-1 IgG Immunoassay (Roche)
   - HerpeSelect® 1 and 2 Immunoblot IgG (Focus)
   - HerpeSelect 1 ELISA IgG Herpes Simplex Virus-1 (HSV-1) (Focus)
   - HerpeSelect 2 ELISA IgG Herpes Simplex Virus-2 (HSV-2) (Focus)
   - Herpes Simplex Virus Type 1 IgG ELISA Test (Gold Standard Diagnostics)
   - Herpes Simplex Virus (HSV-1) type specific IgG ELISA Test (Gold Standard Diagnostics)
   - SeraQuest HSV Type 1 Specific IgG (Quest)
   - Sure-Vue® HSV-2 (Fisher Scientific/Inova Diagnostics)
   - ZEUS ELISA HSV gG-1 IgG Test System (Zeus Scientific)
   - ZEUS ELISA HSV gG-2 IgG Test System (Zeus Scientific)
   - Other Method
   - Not Applicable

26. How many specimens did your laboratory test in-house (by any method) for Herpesvirus?
   #Tested_____ # Positive________________
STD Testing Practices Survey

Human Papillomavirus (HPV)

27. Does your laboratory provide or refer the following HPV testing services? Please indicate the primary practice for each category.

<table>
<thead>
<tr>
<th>HPV Tests</th>
<th>In-House</th>
<th>Referral</th>
<th>Not Offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hybrid Capture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nucleic Acid Amplification Testing (NAAT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other—please specify:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

28. How many specimens did your laboratory test in-house for HPV in 2016?

# Tested__________ # Positive_______________

29. If cervical cytology testing is performed in your laboratory, please indicate the primary method used:
   o Liquid-based Cytology
   o Conventional (Dry Slide Cytology)
   o Not Applicable (go to 30)

29a. Please list the number of cervical cytology tests performed in your laboratory in 2016__________

General Practices

30. Does your laboratory have any plans to add additional STD testing services within the next 12 months?
   o Yes (go to 30a)
   o No
   o Unsure

30a. Which of the following STD testing services is your laboratory considering adding? Please check all that apply.
   o Nucleic Acid Amplification for Detection of Chlamydia
   o Any Lymphogranuloma venereum (LGV) testing (specify method in comments)
   o Other Chlamydia testing (specify method in comments)
   o Nucleic Acid Amplification for Detection of Gonorrhea
   o Gonorrhea culture
   o Gonorrhea antimicrobial susceptibility testing (specify method in comments)
   o Other Gonorrhea testing (specify method in comments)
   o Treponemal Syphilis Assays (e.g. EIA, Rapid) (specify method in comments)
     Other Syphilis testing (specify method in comments)
   o Any Trichomonas testing (specify method in comments)
STD Testing Practices Survey

- Any Herpes testing (specify method in comments)
- Any HPV testing (specify method in comments)
- Any Mycoplasma genitalium testing? (specify method in comments)
- Any Next Generation Sequencing Methods for STDs (MiSeq, Ion Torrent, etc.)
- Any other STDs (specify)

31. In the next 12 months, does your laboratory have any plans to eliminate any STD services or decrease services?
   - Yes (go to 31a)
   - No
   - Unsure

31a. What STD testing services has/is your laboratory eliminating or which services have decreased?

32. Which types of facilities submit patient specimens to your laboratory for any type of STD testing? Please check all that apply.
   - Public clinic
   - Corrections
   - Other federal, state or local department or agency (specify in comments)
   - Private physician's offices or clinics
   - Clinical laboratories in your jurisdiction
   - Non-profit agencies (e.g. Planned Parenthood)
   - Other (Please specify)

33. From January 1, 2016 - December 31, 2016 which of the following source(s) did your laboratory use to fund STD testing? Check all that apply
   - State or local general budget funds
   - Dedicated line-item in state or local budget
   - Fee-for-service testing
   - Federal funds
   - Other sources (please specify in comments)
   - Unsure about funding sources

34. If you charge a fee for services, which types of submitters are charged fees (check all that apply):
   - We charge fees to all of our submitters
   - Direct charge to individual client based on sliding scale
   - Private physicians’ offices or clinics
   - Public clinics
   - Corrections
   - Other state or local departments or agencies
   - Other (please specify)
   - Not applicable

35. What STD-related issues/tools would you like to see the APHL/CDC STD Steering Committee address/produce in the next 1-3 years?