

Pioneering Change, One Community at a Time

Qualifying Questions for Community Testing Program

Thank you for considering a partnership with Next Lab Foundation. This brief questionnaire will help us understand your current STI testing practices and how our advanced solutions can best support your patients. Your insights are crucial in shaping the future of STI care.

Get started.

* Indicates required question

1. Email *

Let us know about you

2. Your Name*

3. Job Title/ Role*

4. Facility Name*

5. Phone Number*

About Your Facility

6. Facility Address*

7. Number of Location(s)

8. Number of Providers*

9. How many STI patients do you typically see daily?*

10. Do you screen for CTNGTVMG?*

Mark only one oval.

☐ Yes

☐ No

11. Where are your STI tests processed?*

Awareness & Compliance

12. Are you aware of the CDC's latest STI treatment guidelines?*

Mark only one oval.

☐ Yes

☐ No

13. Do you currently test for antibiotic resistance in *Neisseria gonorrhoeae* (NG) and *Mycoplasma genitalium* (MG)?*

Mark only one oval.

☐ Yes

☐ No

14. Would you be interested in integrating resistance testing into your practice?*

Mark only one oval.

☐ Yes

☐ No

Testing & Logistics

15. How do you typically send samples to the lab?*

16. Result Delivery: how do you obtain results from the lab tests for the screening mentioned above? *

eg. in which software interface system?

17. What types of insurance do you accept?*

Check all that apply.

- ☐ Private
- ☐ Medicare
- ☐ Medicaid
- ☐ Uninsured/Indigent Care

Your Needs & Next Steps

18. Are you interested in learning more about antibiotic resistance testing* for NG and MG?

Mark only one oval.

- ☐ Yes
- ☐ No

19. With the availability of resistance testing, do you believe your patients would benefit from this advanced diagnostic approach?*

Mark only one oval.

☐ Yes

☐ No

20. As a clinician, how can you support the CDC STI treatment guidelines to combat the spread of resistant infections?*

Check all that apply.

☐ Provide education to patients

☐ Update treatment protocols by following the CDC recommendation

☐ Collaborate with other healthcare providers

☐ Other: _____

21. Do you currently have a plan in place regarding adherence to CDC STI treatment guidelines? *

Mark only one oval.

☐ Yes

☐ No

22. How do you currently ensure that your practice adheres to CDC guidelines for STI treatment? *

Check all that apply.

☐ Regular training and updates for staff

☐ Review and update of treatment protocols

☐ Collaboration with labs offering resistance testing

☐ Other: _____

23. Can you make decisions about treatment protocols in your organization? If not, can you connect us with the person responsible? *

24. Does your organization support non-profits with grants, donations, or collaborative initiatives? *

Please describe and elaborate.

Mark only one oval.

- ☐ Yes, we provide
- ☐ No, not at this time
- ☐ Other: _____

25. If you participate in the community testing program, can you commit to sending patient tests and educating patients about antibiotic resistance and the program's goals? *

Mark only one oval.

- ☐ Yes
- ☐ No

26. What challenges or barriers do you foresee in implementing resistance testing in your practice?*

Check all that apply.

- ☐ Cost
- ☐ Training and education for staff
- ☐ Patient awareness and acceptance
- ☐ Integration with current systems
- ☐ Other: _____

27. How can Next Lab Foundation best support your practice in implementing advanced testing?*

Check all that apply.

- ☐ Provide education
- ☐ Offering technical support and guidance
- ☐ Other: _____

28. Would you be interested in a follow-up consultation to discuss how Next Lab Foundation's services can be tailored to your practice's needs? *

Mark only one oval.

- ☐ Yes
- ☐ No

29. Is there anything you want to share with Next Lab?

Once the form is completed, please email it to **nextlab@next-lab.org** or fax it to **773-572-1809**.
Please give us a call at **773-572-1810** if you have any questions.

