**Questionnaire on laboratory operational aspects**

**1A About the test**

| | | |
|---|---|---|
| **1A.** | ¿Is HPV testing part of the health system? | YES/No |
| **1A.1** | Was the HPV test implemented for ESTAMPA? | YES/No |
| **1A.2** | When did the lab processing samples for screening started? | dd/mm/yyyy |
| **1A.3** | Does the lab run EQ controls? | YES/No |
| **1A.3.1** | What type of EQA is used? | 1) CAP<br>2) Other? |

**1B About the laboratory's test processing capacity**

| | **Approximate number of samples in 1 month:** | **n** |
|---|---|---|
| **1B.1** | Received samples | |
| **1B.2** | Processed samples | |
| **1B.3** | Delivered results | |
| **1B.4** | Estimated time (days) for the availability of results | |

**1C About the Personnel who run the test**

| | | |
|---|---|---|
| **1C.1** | Number of professionals, technicians and administrative staff assigned to the HPV Laboratory | |

| **Name and Surname** | **Position/Title** | **Dedication (full time or part-time)** | **Years of Experience in HPV lab.** | **Received training (Describe which one)** |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | | |
|---|---|---|
| **1C.2** | **Laboratory staff** | **YES/NO** |

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| | | |
|---|---|---|
| 1C.3 | Is the staff adequately trained? | |
| 1C.4 | Is the number of trained personnel adequate for the workload? | |
| 1C.5 | Are staff members familiar with protocols for sample collection and transportation? | |
| 1C.6 | Are staff members trained to advise other technicians and/or professionals? | |

| | **Personnel collecting the samples** | |
|---|---|---|
| 1C.7 | Who collects the HPV samples? | **a) Doctors (general practitioners, gynecologists)**<br>**(b) Nursing staff (technicians)**<br>**c) Bacteriologists, microbiologists** |
| 1C.8 | Did staff members receive training in cervical sampling? | **(a) Yes**<br>**(b) No** |
| 1C.9 | Did t staff members receive appropriate training on how to use the forms and fill in the information; emphasizing on the importance of the woman claiming the result and being followed-up? | **(a) Yes**<br>**(b) No** |
| 1C.10 | Are staff members taking the sample the same as the one who deliver the HPV result? | **(a) Yes**<br>**(b) No**<br>**If not, describe who delivers the result** |
| 1C.11 | Did the staff member who delivered the result receive appropriate training in communicating HPV results? | **(a) Yes**<br>**(b) No** |

| | About the sample collection | YES/NO |
|---|---|---|
| 1C.12 | When samples for HPV testing are taken, do you ask if antifungal creams, contraceptive gel, or vaginal hygiene products are present? | |

**1D. On the operating procedures and operation of the HPV laboratory**

| | Space | YES/NO |
|---|---|---|
| 1D.1 | Is the area used efficiently? | |
| 1D.2 | Is the configuration of the space adequate and follows good laboratory practices? | |
| 1D.3 | Does the laboratory have an air conditioning system? | |
| 1D.4 | Does the laboratory have a backup system in case of a power outage (UPS/generator set)? | |
| 1D.5. | Are the enclosures adequately sealed to prevent dust particles from entering inside? | |
| 1D.6. | Is the laboratory cleaned and well maintained? | |

**(1) if possible, provide photos of the laboratory, equipment, and reagents**

**(2) Consider equipment location**

**(3) Take into account lighting, countertop surface, accesses, etc.**

| | Laboratory supplies and reagents | YES/NO |
|---|---|---|
| 1D.7 | Do you have the basic supplies for daily work? | |
| | a. Disposable talc-free gloves | |
| | b. Absorbent paper | |
| | c. Self-adhering film | |
| | e. Pyrogenic water | |
| | f. chronometer | |
| | g. Material for the preparation of solutions | |
| | h. Disinfectant solution (isopropyl alcohol, ethanol) | |
| 1D.8 | Is the provision of basic supplies assured? | |
| 1CD.9 | Do you have the specific inputs and reagents for daily work? | |

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| | | |
|---|---|---|
| | a. Kits | |
| | b. Automatic pipettes | |
| | c. Tips with and without filter | |
| 1D.10a | Are the provisions of specific reagents and inputs assured? | |
| 1D.10b | Are the expiration dates of each of the reagents for HPV testing monitored? | |

*List the main reasons that hinder the supply of inputs (kits and consumables):*

**1)**

**2)**

**3)**

| | **Laboratory equipment** | **YES/NO** |
|---|---|---|
| 1D.11 | Is the number of instruments suitable for the workload? | |
| 1D.12 | Are the instruments in good condition? | |
| 1D.13 | Are there periodic checks on the operation of the instruments (Tº registration), calibration, etc.? | |
| 1D.14 | Do the instruments have a backup system in case of a power outage (UPS/generator set)? | |

| | **Storage equipment** | **YES/NO** |
|---|---|---|
| 1D.15 | Is the amount of equipment adequate for the workload? | |
| 1D.16 | to. Freezer -20°C | |
| 1D.17 | b. Freezer -70 °C | |
| 1D.18 | b. Refrigerators 4-8ºC | |
| 1D.19 | Is the equipment in good condition? | |
| 1D.20 | Are there periodic checks on the operation of the equipment (T° register)? | |
| 1D.21 | Does the equipment have a backup system in case of a power outage (generator set)? | |

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| | | |
|---|---|---|
| 1D.22 | Are the freezers (-20C and -70C) located inside the laboratory? | |
| 1D.23 | If the freezers are not in the laboratory, in which way and how often are the samples transported to the freezers? | |
| 1D.24 | Are there independent dedicated spaces for the storage of samples and reagents? | |
| 1D.25 | Were the samples stored at room temperature? | a) Yes<br>(b) No<br>If this is the case, mention for how long<br>_____ |
| 1D.26 | Were the samples refrigerated between 2-8 °C? | a) Yes<br>(b) No<br>If this is the case, mention how much you time |

**1E. Management of results and electronic files**

| **1EA** | **About the staff entering the results** | **YES/NO** |
|---|---|---|
| 1EA.1 | Are staff members who enter the data into the database adequately trained? | |
| 1EA.2 | Is the number of staff trained adequate for the workload? | |

| 1EA.3 | **Equipment** | **YES/NO** |
|---|---|---|
| | Is the amount of equipment (computers, tablets, etc.) adequate for the workload? | |
| | Is the equipment in good condition? | |
| | Do you have an internet connection? | |
| | Does the equipment have a backup system in case of a power outage (UPS/generator set)? | |

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## 2. Integration of the HPV laboratory with the other laboratories of the service and transport of samples

| | | |
|---|---|---|
| **2A** | Is there a good communication between the screening laboratory and...?: | **YES/NO** |
| | a. Gynecology Service | |
| | b. Cytology Section | |
| | c. Pathological Anatomy Section | |
| | d. Hospital or recruitment center authorities | |
| | e. Authorities of the Program or Institution sponsoring the local project | |
| **2B** | Ensuring that the samples were transported from the recruitment center to the laboratory where the test is performed: | **YES/NO** |
| | a. Were they integrated into the health system and transported along with other clinical samples to be processed? | |
| | b. Was dedicated staff hired to transport the samples? | |
| | c. Was a member of the recruitment team in charge of transportation? | |
| **2C** | Was there an SOP to regulate the transport of the samples? | |

## 3. Delivery of results to patients and follow-up

| | | **n** |
|---|---|---|
| **3A** | How long (days) on average the results were delivered to the patients after the collection of the samples | |
| 3B. | Which clinician communicates the result to the patient:<br>1. Medical<br>2. Nurse<br>3. Other (specify): | |

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| 3C. | In case of positive result: | **YES/NO** |
|---|---|---|
| | a. Does the patient receive recommendations on how to continue his/her treatment?<br>1. Yes<br>2. No | |
| | b. Does the patient receive psychological support?<br>1. Yes<br>2. No | |
| | c. Is it established to which health service or clinical institution HPV+ women are referred for a colposcopy? | |
| | d. Which referral mechanism is used? | (a) Letter<br>b) Phone call<br>(c) Another, which one? |
| | e. Is there a form enabling communication between the HPV testing service and the colposcopy referral center? | |
| | f. Are woman's contact records kept to help reducing missed spells during follow-up? | |
| | g. Is there a registration system that clearly identifies HPV-positive women and allows for prioritization for follow-up? | a) Yes<br>(b) No<br>If yes, describe which one and how it works |
| | h. Is there a mechanism to contact and follow-up with women who missed a scheduled appointment? | a) Phone call<br>b) Letter of invitation<br>(c) Personal visits<br>(d) Other, describe which |

## 1. Implementation of HPV testing at a general level

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| | | YES/NO |
|---|---|---|
| 4A | Are there plans to implement HPV testing in the country? | |
| 4B. | Is there a local health system that can provide adequate clinical management of positive patients? | |
| 4C. | What would be the estimated cost of the test? | |

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