PERFORMANCE PROGRESS and MONITORING REPORT Turnaround Time (TAT) Performance

Form Approved OMB No: 0920-1132 Exp. Date: 3/31/2026

1. Submitting Laboratory			2. Laboratory Contact				3. Reporting Period	
(1) TAT Performance Indicator	(2) Recommendation	(3) Benchmark	(4) National Target	(5) Testing Method	(6) PHL TAT: CY2023	(7) PHL Goal	(8) Comments/Obstacles to Meeting National Target	
1	delivery of specimens to the	Percentage of specimens received within one day of specimen collection.	≥67%	NA				
1a		Percentage of specimens received within two days of specimen collection.		NA		NA		
1b		Percentage of specimens received within three days of specimen collection.		NA		NA		
_	Use fluorescent acid-fast staining and promptly transmit results.	Percentage of smear results reported within one day of receipt of specimen.	≥92%					
2a		Percentage of smear results reported within two days of receipt of specimen.		NA		NA		
2b		Percentage of smear results reported within three days of receipt of specimen.		NA		NA		
3	NAAT.	Report percent of patients tested by NAAT that had a positive result reported within 48 hours of specimen receipt.	≥77%					
4	report isolates as MTBC as soon as possible.	Report percent of MTBC isolates identified from initial diagnostic specimens within 21 calendar days of receipt.	≥74%					

5	drugs in a rapid	Report percent of rifampin results reported for initial diagnostic specimens within 17 days of ID of MTBC from culture. Note: Do not include molecular sequencing DST data; this data is collected in 6-6a. Note: Isolates sent out for referral testing should be	≥69%					
6	For laboratories that perform inhouse molecular sequencing DST methods, report specimen and/or MTBC isolate results. Note: Not every public health laboratory will have sufficient volume or capacity to perform this testing. Note: Probe-based methods such as Xpert® MTB/RIF and line probe assays should not		≥75%	Method 1 Method 2	Percent meeting benchmark Mean TAT Range TAT Percent meeting benchmark Mean TAT Range TAT			
6a	be included.	For laboratories that perform in-house molecular sequencing DST methods on isolates**, report percent of results reported within 11 days. Also, report the mean and range TAT in days. **Measure from date of receipt (if a referred isolate) or date of ID (if ID is performed in-house) to result report.	≥75%	Method 1 Method 2	Percent meeting benchmark Mean TAT Range TAT Percent meeting benchmark Mean TAT Range TAT			

		For laboratories that		Percent	
7	that perform in-	perform in-house	≥75%	meeting	
		IGRA testing, report		benchmark	
	· '	percent of results			
	results promptly.	reported within 4			
		days.		Mean TAT	
		Also, report the			
		mean TAT in days			
		between specimen			
		collection and			
		reporting of IGRA			
		test result.			

Line-Item Instructions

Item	Data Elements	Instructions				
1	Submitting Laboratory	Enter the name of the awarding laboratory that the data is from.				
2	Laboratory Contact	Enter the name of the laboratory contact submitting this data.				
3	Reporting Period	Enter the reporting period state and end date.				
TAT Perform	nance					
(1)	TAT Performance Indicator	Indicator number of TAT performance activity.				
(2)	Recommendation	Corresponding recommendation associated with the particular performance measure.				
(3)	Benchmark	Description of requested performance measure data.				
(4)	National Target	National target percentage related to each measure.				
(5)	Testing Method	Enter testing methods used to accomplish the recommendations.				
(6)	Public Health Laboratory (PHL) TAT for CY 2023	Enter cumulative measure TAT percentage achieved as of the end of 2023.				
(7)	PHL Goal	Enter current PHL internal goals as a percentage for the performance measures.				
(8)	Comments/Obstacles to Meeting Target/Goal	List specific comments or obstacles to meeting the national targets.				

Public reporting burden of this collection of information is estimated to average 1-2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1132).