

# Health Facility Profile Paper Form

In this document you will see the structure and questions of the two forms that make up the Health Facility Profile.

We recommend that you review both forms so that you are familiar with them before completing them.

You will find descriptions of some of the questions and directions on how to answer questions with conditional choices.

**FACILITY NAME:** \_\_\_\_\_ **LEVEL:** \_\_\_\_\_

**HSD:** \_\_\_\_\_ **DISTRICT:** \_\_\_\_\_

**FACILITY CODE:** \_\_\_\_\_ **OWNERSHIP:** \_\_\_\_\_

**DATE:** \_\_/\_\_/\_\_

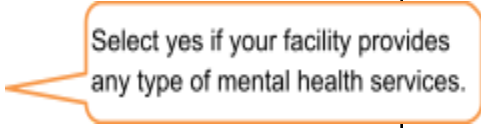
To begin, you will need to enter  
your facility's identification  
information.

# Health Care System Accessibility


This is a section of the form.  
The Health Care System  
Accessibility has 7 sections.

<b>A: Number of staff by position</b>			
Medical generalist practitioners		Medical / pathology laboratory technicians	
Medical specialist practitioners	To answer the questions of this section, you need to insert a number in the blank fields.	Pharmacists (professional)	
Paramedical practitioners (eg. Clinical officers)		Pharmacy technicians/assistants	
Nursing professionals		Traditional and complementary medical professional	
Mid-wifery professionals		Commodity logistics manager *	
Nurse-midwife (dual trained) professionals	The star indicates mandatory questions.		You will find a mix of numerical and Yes/No questions from this section and on.
<b>B: Staff management</b>			
1. Does the facility have a staff attendance list? *		• Yes	• No
2. What is the current number of funded full-time posts for this facility? *	In some cases, depending on your answers you will have to respond follow-up questions below. You will find the instructions here.		
3. What is the number of funded full-time posts that are currently unfilled for at least the past 6 months *			

<b>C: Availability of generic services</b>		
1. OPD ( <i>If yes, go on to 1a, if no, go to 2</i> )	<input type="radio"/> Yes	<input type="radio"/> No
1a. Antenatal care	<input type="radio"/> Yes	<input type="radio"/> No
1b. Family planning	<input type="radio"/> Yes	<input type="radio"/> No
1c. Immunization	<input type="radio"/> Yes	<input type="radio"/> No
2. Inpatient department ( <i>If yes, go to 2a, if no, go to 3</i> )	<input type="radio"/> Yes	<input type="radio"/> No
2a. Major surgical procedures ( <i>If yes, go to 2a1, if no, go to 2b</i> )	<input type="radio"/> Yes	<input type="radio"/> No
2a1. Perform any of the three Bellwether essential surgical procedures (caesarean section, reduction and fixation of open long-bone fractures, laparotomy)	<input type="radio"/> Yes	<input type="radio"/> No
2b. Total official number of authorized adult-sized inpatient beds (official bed capacity)		
2c. Total number of actual adult-size overnight / inpatient beds		
2d. Total intensive care units/beds/cots		
3. Emergency service	<input type="radio"/> Yes	<input type="radio"/> No
4. Active triage site * ( <i>If yes, go to 4a, if no, go to 5</i> )	<input type="radio"/> Yes	<input type="radio"/> No
4a. Triage site have a designated area to isolate potentially infectious patients *	<input type="radio"/> Yes	<input type="radio"/> No
4b. Triage site staffed during all facility hours *	<input type="radio"/> Yes	<input type="radio"/> No
5. Diagnostic testing of specimens using either laboratory equipment or rapid diagnostic tests *	<input type="radio"/> Yes	<input type="radio"/> No
6. Blood transfusion	<input type="radio"/> Yes	<input type="radio"/> No

7. Delivery care, including normal delivery, basic emergency obstetric and newborn care (BEmONC), and/or comprehensive emergency obstetric and newborn care (CEmONC)	<input type="radio"/> Yes	<input type="radio"/> No
8. Postpartum	<input type="radio"/> Yes	<input type="radio"/> No
9. Survivors of rape and/or intimate partner/sexual violence service *	<input type="radio"/> Yes	<input type="radio"/> No
		
10. Mental health	<input type="radio"/> Yes	<input type="radio"/> No
11. Rehabilitative care or physiotherapy	<input type="radio"/> Yes	<input type="radio"/> No
12. Palliative care *	<input type="radio"/> Yes	<input type="radio"/> No
13. Preventive and/or curative care services for children under 5	<input type="radio"/> Yes	<input type="radio"/> No
14. Diagnostic or treatment services for sexually transmitted infections (STI) *	<input type="radio"/> Yes	<input type="radio"/> No
<b>D. Availability of HIV/TB/Malaria services</b>		
1. Human immunodeficiency virus (HIV) diagnosis or treatment * ( If yes, continue to a, If no, continue to 2)	<input type="radio"/> Yes	<input type="radio"/> No
a. HIV testing *	<input type="radio"/> Yes	<input type="radio"/> No
b. HIV viral load testing*	<input type="radio"/> Yes	<input type="radio"/> No
c. HIV CD4 count testing	<input type="radio"/> Yes	<input type="radio"/> No
d. Antiretroviral therapy (ART) for life-long HIV treatment	<input type="radio"/> Yes	<input type="radio"/> No
2. Tuberculosis * (If yes, continue to a, If no, continue to 3)	<input type="radio"/> Yes	<input type="radio"/> No
a. TB Preventive Treatment (TPT) *	<input type="radio"/> Yes	<input type="radio"/> No
b. Does the facility offer TB screening services? *	<input type="radio"/> Yes	<input type="radio"/> No


c. TB diagnosis * <i>(If yes, continue to i, if no continue to d)</i>	● Yes	● No
i. Rapid molecular TB diagnostic (e.g. GeneXpert MTB/RIF, GeneXpert Ultra, TrueNat) ? *	● Yes	● No
d. TB treatment * <i>(If yes, continue to i, if no, continue to 3)</i>	● Yes	● No
i. Treatment of drug-resistant TB *	● Yes	● No
3. Malaria diagnosis *	● Yes	● No
4. Malaria treatment *	● Yes	● No
<b>E. Availability of NCDs service</b>		
1. Hypertension management	● Yes	● No
a. Any provider(s) of CVD services received any training in the diagnosis and/or management of CVDs, such as hypertension, in the past 2 years?	● Yes	● No
2. Diabetes management	● Yes	● No
a. Any provider(s) of diabetes services received any training in the diagnosis and/or management of diabetes in the past 2 years?	● Yes	● No
3. Chronic Respiratory Disease Management	● Yes	● No
a. Any provider(s) of CRD services received any training in the diagnosis and/or management of CRD in the past 2 years?	● Yes	● No
4. Clinical breast evaluation	● Yes	● No
a. Any provider(s) of breast cancer services received any training in breast cancer screening, diagnosis and/or treatment in the past 2 years?	● Yes	● No
5. Cervical cancer screening <i>(If yes, continue to a., if no continue to section F)</i>	● Yes	● No
a. Any provider(s) of cervical cancer services received any training in procedures for obtaining cervical specimens, reading HPV tests, and/or visual inspection with acetic acid (VIA) in the past 2 years?	● Yes	● No

b. Is cervical cancer screening performed with acetic acid testing?	● Yes	● No
<b>F. Availability of COVID-19 service</b>		
1. COVID-19 testing ( If yes, continue to a, if no, continue to 2)	● Yes	● No
a. COVID-19 testing with rapid diagnostic test (RDT) *	● Yes	● No
b. COVID-19 testing with PCR	● Yes	● No
2. COVID-19 vaccination (If yes, continue to a, if no, continue to 3)	● Yes	● No
a. COVID-19 vaccination services for children *	● Yes	● No
b. COVID-19 vaccination services for adolescents/adults	● Yes	● No
3. COVID-19 treatment * (If yes, continue to a, if no, continue to section G)	● Yes	● No
a. COVID-19 treatment for severe and critical cases services *	● Yes	● No
b. COVID-19 oral antiviral treatment *	● Yes	● No
 <p>CHWs stands for Community Health Workers</p>		
<b>G. CHWs supported services</b>		
1. Formal systems for linking with community health workers * (If yes, continue to G2, if no, close form)	● Yes	● No
2. Systems for linking with CHW (tick all that apply)	<ul style="list-style-type: none"> <li>● Antenatal care</li> <li>● Family Planning</li> <li>● Postnatal / Newborn care</li> <li>● Child health</li> <li>● Immunization</li> <li>● Mental Health</li> <li>● Non communicable diseases</li> <li>● HIV</li> <li>● Tuberculosis</li> <li>● Malaria</li> </ul> Other: _____	

# Health Care System Preparedness

The Health Care System Preparedness form has 8 sections, from A to H.

<b>A: Infrastructure - Communications</b>		
1. Does this facility have a means for communicating outside the facility such as a phone or radio that are supported by the facility? * (If functional, continue to a, if any other, continue to 2)	<ul style="list-style-type: none"> <li>• Yes, Functional</li> <li>• Yes, not Functional</li> </ul>	<ul style="list-style-type: none"> <li>• No, only private phones</li> <li>• No outside communications</li> </ul>
a. Number of mobile phones	<p>In some cases, depending on your answers you will have to respond follow-up questions below. You will find the instructions here.</p>	
b. Number of smartphone		
2. Does this facility have a functioning computer? * (If yes, continue to a, if no continue to 3)	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
a. Number of functioning desktop computers	<p>The star indicates mandatory questions.</p>	
b. Number of functioning laptop computers		
c. Number of functioning tablet devices		
3. Is there access to internet within the facility? * (If yes, continue to a, if no continue to section B)	<ul style="list-style-type: none"> <li>• Yes, with facility devices</li> <li>• Yes but only with private devices</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
a. How consistently is internet available in the facility? *	<ul style="list-style-type: none"> <li>• &lt;4 hours per day</li> </ul>	<ul style="list-style-type: none"> <li>• &gt;4 hours per day</li> </ul>
b. Please specify the fastest internet type available	<ul style="list-style-type: none"> <li>• Satellite</li> <li>• 3G</li> </ul>	<ul style="list-style-type: none"> <li>• 4G</li> <li>• Other</li> </ul> <hr/>
<b>B: Power and cold-chain</b>		
1. Does this facility have electricity from any source such as electricity grid, generator, solar or other, including for stand-alone devices such as those used to maintain the	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>

EPI cold chain? * (If yes, continue to a, if no, continue to 2)		
a. What is the facility's main source of electricity?	<ul style="list-style-type: none"> <li>● Central supply of electricity</li> <li>● Generator (fuel or battery operated generator)</li> </ul>	<ul style="list-style-type: none"> <li>● Solar System</li> </ul> Other _____ -
b. Other than the main or primary source, does the facility have a secondary or backup source of electricity? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
c. During the past 7 days, was electricity available, from the main or any backup source, at all times the facility was open for services? *	<ul style="list-style-type: none"> <li>● Always available (no interruptions)</li> <li>● Often available (some interruptions of less than 2 hours per day)</li> </ul>	<ul style="list-style-type: none"> <li>● Sometimes available (frequent or prolonged interruptions of more than 2 hours per day)</li> </ul>
2. Does this facility have a refrigerator available and functioning for the storage of vaccines? (If yes, continue to a, if no continue to section C)	<ul style="list-style-type: none"> <li>● Yes, available and functional</li> <li>● Available but not functional</li> </ul>	<ul style="list-style-type: none"> <li>● Unavailable</li> </ul>
a. Device for monitoring refrigerator temperature available and functioning today	<ul style="list-style-type: none"> <li>● Continuous temperature recorder</li> <li>● Thermometer</li> </ul>	Other: _____ -
b. Has the temperature been out of the range 2–8 °C inclusive in the past 30 days?	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
		
<b>C: IPC</b>		
<ul style="list-style-type: none"> <li>● What is the most commonly used source of water for the facility at this time? *</li> </ul>	<ul style="list-style-type: none"> <li>● Piped into facility</li> <li>● Piped to facility grounds</li> <li>● Public tap / standpipe</li> <li>● Tubewell / Borehole</li> <li>● Protected dug well</li> <li>● Unprotected dug well</li> <li>● Protected spring</li> </ul>	<ul style="list-style-type: none"> <li>● Unprotected spring</li> <li>● Rainwater</li> <li>● Surface water (river/dam/lake/pond)</li> <li>● Tanker truck</li> <li>● Cart with small tank/drum</li> <li>● Bottled water</li> </ul>

		Other: _____
<ul style="list-style-type: none"> <li>• During the past 7 days, was there any time when there was no water for the facility for more than 2 hours at a time? *</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>• Does the facility have an fulltime or partime staff assigned to IPC monitoring activities? *</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>• Has this facility implemented IPC programmes? * (If yes, continue to a, if no, continue to 5)</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>a. Does this facility implement a systematic process for IPC using a specified framework for the assessment such as the WHO Infection Prevention and Control Assessment Framework (IPCAF) or an equivalent? *</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<p>5. Does the facility performed any IPC assessment? * (If yes, continue to a, if no, continue to 6)</p>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>a. When was the most recent IPC assessment? *</li> </ul>		
<ul style="list-style-type: none"> <li>b. What was the interpretation of the most recent score? *</li> </ul>	<ul style="list-style-type: none"> <li>• Inadequate</li> <li>• Basic</li> </ul>	<ul style="list-style-type: none"> <li>• Intermediate</li> <li>• Advanced</li> </ul>
<p>6. Are health care associated infections (HCAI) (nosocomial infections) reported and/or monitored by this facility? *</p>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<p>7. Does the facility conduct any antimicrobial sensitivity testing? * (If yes, continue to a, if no, continue to Section D)</p>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>a. Does this antimicrobial sensitivity testing include multidrug resistant organisms (MDRO) phenotype confirmation? *</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>

<b>D: Waste management</b>		
<ul style="list-style-type: none"> <li>How does this facility finally dispose of sharps waste (e.g. filled sharps boxes)? *</li> </ul>	<ul style="list-style-type: none"> <li>Burn incinerator: 2-chamber industrial (800–1000+ °c)</li> <li>Burn incinerator: 1-chamber drum/brick</li> <li>Open burning: flat ground – no protection</li> <li>Open burning: pit or protected ground</li> <li>Dump without burning: flat ground – no protection</li> <li>Dump without burning: covered pit or pit latrine</li> </ul>	<ul style="list-style-type: none"> <li>Dump without burning: open-pit – no protection</li> <li>Dump without burning: protected ground or pit</li> <li>Remove offsite: stored in covered container</li> <li>Remove offsite: stored in other protected environment</li> <li>Remove offsite: stored unprotected</li> <li>Never has sharps waste</li> </ul> <p>Other: _____</p>
<ul style="list-style-type: none"> <li>How does this facility finally dispose of infectious waste other than sharps? *</li> </ul>	<ul style="list-style-type: none"> <li>Burn incinerator: 2-chamber industrial (800–1000+ °c)</li> <li>Burn incinerator: 1-chamber drum/brick</li> <li>Open burning: flat ground – no protection</li> <li>Open burning: pit or protected ground</li> <li>Dump without burning: flat ground – no protection</li> <li>Dump without burning: covered pit or pit latrine</li> </ul>	<ul style="list-style-type: none"> <li>Dump without burning: open-pit – no protection</li> <li>Dump without burning: protected ground or pit</li> <li>Remove offsite: stored in covered container</li> <li>Remove offsite: stored in other protected environment</li> <li>Remove offsite: stored unprotected</li> <li>Never has sharps waste</li> </ul> <p>Other: _____</p>
<ul style="list-style-type: none"> <li>How does this facility finally dispose of non-hazardous waste? *</li> </ul>	<ul style="list-style-type: none"> <li>Burn incinerator: 2-chamber industrial (800–1000+ °c)</li> <li>Burn incinerator: 1-chamber drum/brick</li> <li>Open burning: flat ground – no protection</li> <li>Open burning: pit or protected ground</li> <li>Dump without burning: flat ground – no protection</li> </ul>	<ul style="list-style-type: none"> <li>Dump without burning: open-pit – no protection</li> <li>Dump without burning: protected ground or pit</li> <li>Remove offsite: stored in covered container</li> <li>Remove offsite: stored in other protected environment</li> <li>Remove offsite: stored unprotected</li> </ul>

	<ul style="list-style-type: none"> <li>● Dump without burning: covered pit or pit latrine</li> </ul>	<ul style="list-style-type: none"> <li>● Never has sharps waste</li> </ul> Other: _____
<b>E: Sterilization</b>		
1. Is there a functional electric autoclave (pressure and wet heat)? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
2. Is there a functional electric dry heat sterilizer? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
3. Is there a functional non-electric autoclave (pressure and wet heat)? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
4. Is there a functional heat source for non-electric equipment? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
<b>F: Medical Equipment</b>		
1. Does the facility provide oxygen to patients? * ( <i>If yes, continue to a, if no continue to 2</i> )	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
a. Has oxygen ever been unavailable in this facility during the past 3 months for any reason? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
b. Is there any oxygen currently available in the facility? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
i. Is there a Flowmeter for oxygen source, with gradations in mL? *	<ul style="list-style-type: none"> <li>● Available and functioning</li> <li>● Available but not functioning</li> </ul>	<ul style="list-style-type: none"> <li>● Not available</li> </ul>
ii. Is there a humidifier	<ul style="list-style-type: none"> <li>● Available and functioning</li> <li>● Available but not functioning</li> </ul>	<ul style="list-style-type: none"> <li>● Not available</li> </ul>
iii. Is there an Oxygen delivery apparatus (key connecting tubes and mask/nasal prongs)? *	<ul style="list-style-type: none"> <li>● Available and functioning</li> <li>● Available but not functioning</li> </ul>	<ul style="list-style-type: none"> <li>● Not available</li> </ul>
2. Does this facility have ventilators/respirators? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>
3. Is there a functioning pulse oximeter? *	<ul style="list-style-type: none"> <li>● Yes</li> </ul>	<ul style="list-style-type: none"> <li>● No</li> </ul>

4. Is there a functional blood pressure apparatus (digital apparatus, or manual sphygmomanometer)?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
5. Is there a functional stethoscope?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
6. Is there a functional thermometer?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
7. Is there any peak flow meter and mouthpiece?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
8. Is there any HPV testing?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
9. Is there any PAP smear testing?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
10. Is there any molecular diagnostic testing system (E.g., GeneXpert, TrueNat)? * <i>(If yes, continue to a, if no continue to section G)</i>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
a. Is the molecular diagnostic testing system functioning? *	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>G: Governance and management</b>		
1. Does this facility receive any external supervision, such as from district, regional or national offices? <i>(If yes, continue to a, if no, continue to 2)</i>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
a. When was the last time a supervisor from outside this facility came here on a supervisory visit? *	<ul style="list-style-type: none"> <li>• Within the past 1 month</li> <li>• 2 - 3 months ago</li> <li>• 4 - 12 months ago</li> </ul>	<ul style="list-style-type: none"> <li>• More than 12 months ago</li> <li>• Don't know</li> </ul>
2. Does the facility have a bank account?	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<b>H: Health Information System</b>		
<ul style="list-style-type: none"> <li>• Does this facility have a designated person who is dedicated full time with the responsibility for recording or collating health services data in this facility? *</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>• Does this facility have a designated person who is dedicated full time with the responsibility for recording or collating</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>

health product logistics data in this facility? *		
<ul style="list-style-type: none"> <li>How often does this facility hold meetings to review routine facility data? *</li> </ul>	<ul style="list-style-type: none"> <li>Weekly</li> <li>Monthly</li> <li>Quarterly</li> </ul>	<ul style="list-style-type: none"> <li>Annually</li> <li>Never</li> </ul> Other: _____ —
<ul style="list-style-type: none"> <li>Does this facility triangulate health services (e.g. HMIS) and logistics data (e.g. LMIS) on at least a quarterly basis? *</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
<ul style="list-style-type: none"> <li>Does this facility use an electronic Laboratory Information Management System? *</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
<ul style="list-style-type: none"> <li>Does the laboratory have electronic test ordering and results return capability via a remote test order module of the LIMS? *</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>Partially, for some tests</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
<ul style="list-style-type: none"> <li>Is the laboratory able to return patient lab results electronically to the patient-level programmatic data system (e.g., EMR/case-based system) *</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>