

Tuberculosis Elimination Cooperative Agreement Checklist—2026

Laboratory Strengthening Component

1. **One designated laboratory point of contact with associated contact information (name, title, email, and telephone number)**
2. **An organizational chart of mycobacteriology laboratory managers and personnel performing TB testing including names of staff in each position (list vacant if vacant).** Note: Indicate which staff are awarded under this cooperative agreement.
3. **A brief description of laboratory methods and instrumentation used and/or accessed through referral testing**
4. **A visual flowchart of the mycobacteriology laboratory testing algorithm**
5. **Updated Laboratory Work Plan using previously submitted Excel spreadsheet or the Excel spreadsheet LCT sent by email**
 - Element 1—Ensure availability of high-quality and timely core TB laboratory services**
 - Updates for previously listed activities to include progress, obstacles experienced, and updated completion date (if applicable)
 - Description of new activities for achieving stated objectives
 - Measure of success, anticipated obstacles, responsible staff, and anticipated completion date for each new activity
 - Element 2*—Promote continual advancement of laboratory efficiency and quality assurance using laboratory-specific data**
 - Updates for previously listed activities to include progress, obstacles experienced, and updated completion date (if applicable)
 - Description of new activities related to improvements
 - Measure of success, anticipated obstacles, responsible staff, and anticipated completion date for each new activity
 - Element 3*—Communicate and collaborate with partners (e.g., healthcare providers, TB Programs, and other laboratories) to ensure optimal use of laboratory services and timely flow of information**
 - Updates for previously listed activities to include progress, obstacles experienced, and updated completion date (if applicable)
 - Description of new activities related to improvements
 - Measure of success, anticipated obstacles, responsible staff, and anticipated completion date for each new activity
6. **Budget**
 - A line-item Laboratory budget reflecting estimated funding categorized as Personnel, Fringe Benefits, Consultant Costs, Equipment, Supplies, Travel, Other, Contractual Costs, Total Direct Costs, and Total Indirect Costs (for more information see [CDC's Budget Preparation Guidelines](#))
 - Justification required for Personnel, Equipment, Supplies, Travel, Other, and Contractual Costs
 - Requests for Personnel support should include position title, name of individual (or if position is vacant), and brief description of laboratory responsibilities
 - Fringe Benefits and Indirect funding amounts should list percentage rate(s)
 - Equipment is defined as tangible, non-expendable property with useful life of more than one year and a cost of \$10,000 or more per unit
 - Supplies category should individually list each item requested with number needed, unit cost of each item, and total amount
 - Office Supplies, Shipping (e.g., postage, shippers), Instrument Maintenance/Service, and Conference Registration Fees should be categorized under “Other”
 - Courier services may be categorized as “Other” or “Contractual” based on how the laboratory invoices

*Laboratories, regardless of volume, should provide **at least two measurable objectives** and related activities for Elements 2 and 3