Supplemental Table 1. Survey questionnaire*

No.	Question
I. Basic characteristics	
Q.01	What is the type of your institution? ☐ Tertiary hospital ☐ General hospital ☐ Referral medical laboratory
Q.02	What is your hospital size? ☐ < 300 beds ☐ 300–499 beds ☐ 500–599 beds ☐ ≥ 1,000 beds ☐ No in-patient beds
Q.03	Does your institution provide vancomycin concentration? ☐ Yes ☐ No
Q.04	Does your institution provide pharmacokinetic consultation service (PKCS)? ☐ Yes ☐ No
II. Drug concentration testing and PKCS for 14 drugs	
	(1) Vancomycin (2) Amikacin (3) Gentamicin (4) Valproic acid (5) Carbamazepine (6) Phenytoin (7) Phenobarbital (8) Digoxin (9) Theophylline (10) Methotrexate (11) Cyclosporine (12) Tacrolimus (13) Sirolimus (14) Everolimus
Q.05	Where is the measurement performed for each of the 14 drugs ? ☐ Measurement performed at the institution ☐ Send-out test to referral medical laboratory or another medical institution ☐ Drug concentration not provided
Q.06	Has your institution provided PKCS for these 14 drugs in the past year? ☐ Yes ☐ No
III. Vancomycin concentration testing in institutions that provide vancomycin concentrations	
Q.07	Where is the vancomycin concentration measured, in-house or send-out test?
Q.08	Which manufacturer produces the vancomycin assay used at your institution? ☐ Abbott Laboratories ☐ Roche Diagnostics ☐ Siemens Healthcare ☐ Others:_____ ☐ Not available
Q.09	When do you report vancomycin concentrations? ☐ Regular working hours (daytime) on workdays ☐ Daily ☐ Monday to Saturday ☐ Specific days of the week ☐ Others:_____
Q.10	How many vancomycin concentration tests are performed per month at your institution? ☐ < 10 tests ☐ 10–50 tests ☐ 5–100 tests ☐ 101–200 tests ☐ > 200 tests
IV. Clinical practice status of vancomycin PKCS	
IV-I. Departments that provided vancomycin PKCS in the past year	
Q.11	Which departments provided vancomycin PKCS in the past year? If other departments provided this service, please describe state the name of these department. ☐ LM only ☐ LM and other departments: _____ ☐ Other departments:_____
IV-II. Institutions that provided vancomycin PKCS in the department of LM within the past year	
Q.12	How is PKCS managed in the department of LM? ☐ Clinicians order vancomycin TDM report [Nu-529] ☐ The department of LM is referred by clinicians for vancomycin PKCS ☐ Others:_____
Q.13	How many vancomycin PKCSs are provided per month? ☐ < 10 cases ☐ 10–50 cases ☐ 51–100 cases ☐ 10 –200 cases ☐ > 200 cases
Q.14	What is the average turnaround time for the vancomycin TDM report? ☐ < 4 hours ☐ 4–8 hours ☐ 8–24 hours ☐ > 24 hours ☐ Others:_____
Q.15	How do you obtain information on the sampling time for vancomycin concentration? ☐ Manual input or record of sampling time into the HIS ☐ Manual input or record of sampling time on the barcode or document requesting vancomycin PKCS ☐ Automatic input into the HIS at blood collection (e.g., the use of PDA) ☐ Sampling time estimated based on vancomycin infusion time and sample reception time ☐ Others:_____
Q.16	How do you obtain information on a patient dosing history and infusion times of vancomycin? ☐ Electronic medical records ☐ Vancomycin PKCS request document ☐ The LIS developed for vancomycin PKCS in the department of LM ☐ Vancomycin PKCS request form in HIS
Q.17	Which pharmacokinetic software program is used for adult patients? † ☐ Abbottbase PKS ☐ Mwpharm++ ☐ Others:_____
Q.18	Which eGFR equation is used for Bayesian modeling in adult patients? ☐ Cockcroft-Gault ☐ 2009 CKD-EPI ☐ 2021 CKD-EPI ☐ MDRD, non IDMS-traceable ☐ MDRD, IDMS-traceable ☐ Jelliffe ☐ Not using eGFR as a covariate for drug clearance ☐ Others:_____
Q.19	For which patient group do you use additional pharmacokinetic models or software programs? † ☐ Neonatal ☐ Pediatric group ☐ Decreased kidney function (e.g., hemodialysis, CRRT)
Q.20	Do you use AUC-guided vancomycin dosing? ☐ Yes ☐ No

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Supplemental Table 1. Continued

No.	Question
	IV-II-Subgroup I. Institutions using AUC-guided vancomycin dosing†
Q.21	Which target index is used at your institution? ☐ AUC only ☐ AUC and trough concentrations ☐ AUC, trough, and peak concentrations
Q.22	Which method is used to calculate AUC? ☐ Bayesian modeling ☐ First-order equation
Q.23	What sampling time is recommended for AUC-guided vancomycin dosing? ☐ Trough and peak concentrations ☐ Trough concentration
Q.24	What is the currently used target AUC for serious MRSA infections? ☐ 400–600 mg·h/L ☐ 450–550 mg·h/L ☐ 500–600 mg·h/L
Q.25	What is the currently used target AUC for infections other than serious MRSA infections? ☐ 400–600 mg·h/L ☐ 400–500 mg·h/L ☐ 500–600 mg·h/L
Q.26	What challenges did you face in implementing AUC-guided vancomycin dosing?* ☐ Lack of personnel providing vancomycin PKCS ☐ Difficulty selecting or using vancomycin pharmacokinetic software program ☐ Problems related to communication with clinicians ☐ Difficulty obtaining relevant clinical information from medical records ☐ Lack of international standards or domestic guidelines ☐ Problems related to other departments providing vancomycin PKCS ☐ Lack of knowledge regarding vancomycin PKCS ☐ Others:_____
	IV-II-Subgroup II. Institutions using conventional vancomycin dosing†
Q.27	Which target index is used at your institution? ☐ Trough and peak concentrations ☐ Trough concentration
Q.28	Are there plans to implement AUC-guided dosing in the future? ☐ Yes ☐ If necessary, this service may be considered in the future ☐ No
Q.29	What are the expected challenges in implementing AUC-guided vancomycin dosing?* ☐ Lack of personnel providing vancomycin PKCS ☐ Difficulty selecting or using vancomycin pharmacokinetic software program ☐ Problems related to communication with clinicians ☐ Difficulty obtaining relevant clinical information from medical records ☐ Lack of international standards or domestic guidelines ☐ Problems related to other departments providing vancomycin PKCS ☐ Lack of knowledge regarding vancomycin PKCS ☐ Others:_____
	V. Institutions that do not provide vancomycin PKCS
Q.30	Are there plans to implement vancomycin PKCS in the future? ☐ Yes ☐ If necessary, this service may be considered in the future ☐ No
Q.31	What are the expected challenges in implementing AUC-guided dosing?* ☐ Lack of personnel providing vancomycin PKCS ☐ Difficulty selecting or using vancomycin pharmacokinetic software program ☐ Problems related to communication with clinicians ☐ Difficulty obtaining relevant clinical information from medical records ☐ Lack of international standards or domestic guidelines ☐ Problems related to other departments providing vancomycin PKCS ☐ Lack of knowledge regarding vancomycin PKCS ☐ Others:_____

The questionnaire is presented as used in the survey as it effectively reflects the precise questions circulated among 170 clinical pathologists. *Multiple choice with multiple answers allowed.

Abbreviations: PKCS, pharmacokinetic consultation service; LM, laboratory medicine; HIS, hospital information system; TDM, therapeutic drug monitoring; PDA, personal digital assistant; CKD-EPI, Chronic Kidney Disease Epidemiology Collaboration; MDRD, Modification of Diet in Renal Disease; IDMS; isotope dilution mass spectrometry; CRRT, continuous renal replacement therapy; AUC, area under the curve; MRSA, Methicillin-resistant *Staphylococcus aureus*.