COUNTY OF LOS ANGELES
Public Health

CANDIDA AURIS REPORT FORM

PATIENT INFORMATION

Patient Name- Last, First	Facility name (if not living at home):	Date of birth	Age

Address- Number, Street, Apt #	City of Residence	State	ZIP Code

Patient's current gender identity?
☐ Male ☐ Female
☐ Female-to-Male (FTM)/Transgender Male/Trans Man ☐ Male-to-Female (MTF)/Transgender Female/Trans Woman
☐ Genderqueer, neither exclusively male nor female ☐ Other: _____ ☐ Prefer not to state

Patient's sex at birth?
☐ Male ☐ Female ☐ Other: _____
☐ Prefer not to answer

Patient's race or ethnicity? (check all that apply)
☐ White ☐ Hispanic/Latino/Spanish origin ☐ Black/African-American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Other Pacific Islander
☐ Other: _____ ☐ Refused

DIAGNOSTIC TESTS

Date of collection

Date of final result

Organism identified:

☐ *Candida auris (C. auris)*	☐ *C. intermedia*	☐ *C. sake*	☐ *Saccharomyces kluyveri*
☐ *C. catenulate*	☐ *C. famata*	☐ *C. lusitaniae*	☐ No ID
☐ *C. duobushaemulonii*	☐ *C. guilliermondii*	☐ *C. parapsilosis*	
	☐ *C. haemulonii*	☐ *Rhodotorula glutinis*	

Specimen source: ☐ Blood ☐ Nasal swab ☐ Rectal swab ☐ Respiratory ☐ Skin swab ☐ Urine ☐ GI
☐ Wound: ☐ open (non-sterile) ☐ surgical (sterile) ☐ Other:_____

Infection status: ☐ Colonization ☐ Infection ☐ Unknown

Detailed Methodology *Make sure to mark **both** the method and detailed methodology, as applicable.*

Test Method	**Software/Library Version**	
☐ Bruker Biotyper MALDI-TOF	☐ RUO version 2014 (5627) or newer ☐ CA System library (version claim 4) or newer	☐ Older library/version
☐ bioMerieux VITEK MS MALDI-TOF	☐ RUO library (Saramis v 4.14 database and Saccharomycetaceae update) or newer ☐ IVD library (v3.2) or newer	☐ Older library/version
☐ VITEK 2 YST	☐ Software version 8.01 or newer	☐ Older library/version

Test Method	**Test using cornmeal agar?**		
☐ MicroScan	☐ Yes, no hyphae or pseudohyphae present	☐ Yes, hyphae or pseudohyphae present	☐ No
☐ RapID Yeast Plus	☐ Yes, no hyphae or pseudohyphae present	☐ Yes, hyphae or pseudohyphae present	☐ No

Test Method			
☐ API 20C	☐ API ID 32C	☐ BD Phoenix	☐ GenMark ePlex BCID-FP
☐ PCR (any method)			
☐ Other Method (Specify): _____			

HEALTHCARE PRESENTATION

Facility Name	Admit date	Admitting facility name	Currently admitted? ☐ Yes ☐ No

Was patient positive prior to current admission? ☐ Yes ☐ No ☐ Unknown

Date of discharge or expiration:

Disposition: ☐ Discharged to facility name: _____ ☐ Discharged home ☐ Expired ☐ Other: Specify. _____

EPIDEMIOLOGIC LINKS/ RISK FACTORS

Has the patient stayed overnight in a healthcare facility within the past 12 months? ☐ Yes ☐ No ☐ Unknown

If Yes, Healthcare facility location was: ☐ Outside of US ☐ Inside US OR ☐ Both

Specify dates of admission and state/country. _____

History of carbapenemase-producing organism? ☐ Yes ☐ No ☐ Unknown If Yes, Date of collection. _____

If Yes, what carbapenemase-producing organism was identified? _____

Epi-linked to another case? ☐ Yes ☐ No ☐ Unknown If Yes, Case Name & birthdate. _____

If Yes, was the case part of an outbreak? ☐ Yes ☐ No

REMARKS

Submitter's name (print)	Date Completed	Telephone number ( )