

Monthly Data Report Form – *Candida* identification

| <b>Data element Name</b>   | <b>Data element Definition</b>                                                                                                                                                                                                                                                          |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yourlab_state              | State or jurisdiction of the AR Lab Network lab submitting this data                                                                                                                                                                                                                    |
| Reporting_month            | This is the year and month this report is counted for CDC reporting; it is based on the date of collection.                                                                                                                                                                             |
| Reported_to_submitter_date | Date reported to the submitter (clinical lab or healthcare facility of origin) by the jurisdictional PHL<br><br>Granularity = day                                                                                                                                                       |
| Patient_ID                 | 1) Unique patient ID assigned by the public health department.<br>2) Unique patient ID assigned by the hospital/facility.<br>3) Other unique patient ID.<br>The patient ID should facilitate linking lab data to data provided from epidemiologists and other sources in public health. |
| Patient_age                | Age at specimen collection date                                                                                                                                                                                                                                                         |
| Patient_age_unit           | Could be years, months, days                                                                                                                                                                                                                                                            |
| Patient_sex                | Patient sex                                                                                                                                                                                                                                                                             |
| Patient_race               | Patient race                                                                                                                                                                                                                                                                            |
| Patient_ethnicity          | Patient ethnicity                                                                                                                                                                                                                                                                       |
| Patient_county             | County of residence                                                                                                                                                                                                                                                                     |
| Patient_county_code        | County code of residence                                                                                                                                                                                                                                                                |
| Patient_state              | State of residence                                                                                                                                                                                                                                                                      |
| Patient_country            | Country of residence                                                                                                                                                                                                                                                                    |
| ARLN_PHL_sent              | The coded representation of the ARLN regional lab where the isolate was sent (if it was sent)                                                                                                                                                                                           |
| Processing_Laboratory_ID   | ID for the processing laboratory                                                                                                                                                                                                                                                        |
| Processing_laboratory_name | The lab that isolates the organism or that collects and processes clinical specimens (when not the healthcare facility of origin). This can be a public health lab or clinical lab.                                                                                                     |

Public reporting burden of this collection of information is estimated to average 120 minutes 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: PRA 0920-XXXX

|                                    |                                                                                                                                                                                                                                           |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FacilityID                         | ID of the healthcare facility of origin (i.e., where patient was located when testing was initiated)                                                                                                                                      |
| FacilityName                       | Where the patient was located when testing was initiated.                                                                                                                                                                                 |
| FacilityState                      | State of the healthcare facility of origin                                                                                                                                                                                                |
| Submitter_facility_ID              | ID of the submitting facility                                                                                                                                                                                                             |
| Submitter_facility_name            | The name of the facility or clinical laboratory that collected and processed the specimen and sent it (and a request for testing) to the AR Lab Network lab, and to which the testing public health lab is reporting the results back to. |
| Submitter_facility_state           | State of the submitting facility                                                                                                                                                                                                          |
| Submitter_facility_zipcode         | Zip code of the submitting facility                                                                                                                                                                                                       |
| Specimen_collection_date           | Date specimen collected                                                                                                                                                                                                                   |
| Specimen_received_date             | Date specimen received for ARLN testing                                                                                                                                                                                                   |
| Submitter_Specimen_ID              | This is the Specimen ID assigned by the submitting entity (facility, laboratory, etc).                                                                                                                                                    |
| ARLN_Isolate_ID                    | The ARLN Isolate ID is the testing lab's isolate ID                                                                                                                                                                                       |
| ARLN_Specimen_ID                   | The ARLN_Specimen_ID is the testing lab's specimen ID                                                                                                                                                                                     |
| Specimen_type                      | Specimen type<br><br>This is describing the clinical specimen.                                                                                                                                                                            |
| Isolate_forwarded_to_RegLab        | Identifies that the PHL has forwarded an isolate to an ARLN regional lab for additional testing.                                                                                                                                          |
| Date_forwarded_to_RegLab           | The date a PHL has forwarded an isolate to an ARLN regional lab for additional testing.<br><br>Granularity = day                                                                                                                          |
| Test_date                          | Date the test was performed                                                                                                                                                                                                               |
| Species_identified_by_clinical_lab | Species identified at the clinical lab                                                                                                                                                                                                    |
| Species_identified_by_yourlab      | Species identified at the AR Lab Network lab                                                                                                                                                                                              |
| Yourlab_comment                    | Comments from the AR Lab Network lab                                                                                                                                                                                                      |
| reporting_complete                 | Completion status                                                                                                                                                                                                                         |
| Organism_Suspected                 | Organism that is suspected, or intended to be ruled out, as recorded on the order                                                                                                                                                         |