AR Lab Network Alert Form for *Candida* *auris*

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| Regional lab or non-regional lab |
| State or jurisdiction of the data submitter |
| If non-regional lab, was isolate forwarded to regional lab? |
| If isolate was forwarded to regional lab, which regional lab? |
| ARLN isolate ID |
| ARLN specimen ID |
| Submitter specimen ID |
| Alert type |
| If alert is for *C. auris*, is it for *C. auris* identification? |
| If alert is for *C. auris*, is it for *C. auris* echinocandin resistance? |
| Facility – name |
| Facility – ID |
| Facility – state |
| Specimen collection date |
| Specimen type |
| Patient ID |
| Patient age |
| Patient age unit |
| Clinical sample or isolate |
| Completion status |