Monthly Data Report Form – *Candida* identification

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| **Data element Name** | **Data element Definition** |
| 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 PHLGranularity = day |
| Patient\_ID | 1) Unique patient ID assigned by the public healthdepartment.2) Unique patient ID assigned by the hospital/facility.3) Other unique patient ID. The patient ID should facilitate linking lab data to dataprovided 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. |
| 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 typeThis 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. 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 |