

Form Approved
OMB Control No.: 0920-
1310
Expiration date:
XX/XX/XXXX

<u>Data element Name</u>	<u>Data element Definition</u>
Record ID	
ARLN isolate or REDCap ID	Unique ID for this record. Use an isolate ID if available. If not available or not applicable, use a specimen ID as long as no other REDCap records will use the same ID. Please include your lab's two- or three-letter jurisdiction abbreviation as a prefix to the id. Please separate the prefix and the id with a hyphen (e.g., capitalized jurisdiction prefix-id).
ARLN specimen id	The id assigned to the specimen by the testing lab.
ARLN PHL State	The testing lab's state, territory, or jurisdiction.
Public health laboratory name	Name of your public health laboratory.
REDCap reporting date	Date this form was created and the data was initially reported in REDCap. Format: YYYY-MM-DD
CDC use only - REDCap reporting date	Date this form was created and the data was initially reported in REDCap. Format: YYYY-MM-DD
CDC use only - Days since created (Calculation)	
CDC use only - REDCap last updated date	Date this form was last updated. Please update this field every time the form is resubmitted. Format: YYYY-MM-DD
Clinical sample or Isolate	
Specimen type	Source of the specimen (e.g., blood). Use the SNOMED preferred concept name whenever possible.
Specimen collection date	Date when the specimen collection was completed. Format: YYYY-MM-DD
Specimen received date	Date the specimen received for testing at your lab. Format: YYYY-MM-DD
Healthcare facility of origin state or territory	State or territory of the healthcare facility where the specimen was collected. Do not enter commercial,

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	reference, or public health laboratories. This should be the facility where the specimen was originally collected.
Healthcare facility of origin zip code	Zip code of the healthcare facility where the specimen was collected. Do not enter commercial, reference, or public health laboratories. This should be the facility where the specimen was originally collected.
Healthcare facility of origin name	Name of the healthcare facility where the specimen was collected. Do not enter commercial, reference, or public health laboratories. This should be the facility where the specimen was originally collected.
Healthcare facility of origin id	Healthcare facility ID where the specimen was collected. Do not enter commercial, reference, or public health laboratories. This should be the facility where the specimen was originally collected.
Submitter specimen id	Specimen ID assigned by the submitting entity (facility, laboratory, etc.).
Submitter facility state or territory	State or territory of the facility that sent the specimen or isolate to your lab.
Submitter facility zip code	Zip code of the facility that sent the specimen or isolate to your lab.
Submitter facility name	The name of the facility that sent the specimen or isolate to your lab.
Submitter facility id	ID of the facility that sent the specimen or isolate to your lab.
Patient ID	This information should be provided in the following order of preference: 1) Unique patient ID assigned by the public health department. 2) Unique patient ID assigned by the hospital/facility. 3) Other unique patient ID. The patient ID should facilitate linking lab data to data

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	provided from epidemiologists and other sources in public health. If you do not have a patient ID, put 'Not reported'.
Patient date of birth	Patient date of birth. Format: YYYY-MM-DD
Patient's age	Patient's age at the specimen collection date (in the units specified in the question below).
Patient age unit	This could be years, months, or days.
Patient's sex	This is the administrative sex.
Patient's race	Race of the patient.
Race Other	
Patient ethnicity	Ethnicity of the patient.
Patient's county code of residence	Federal Information Processing Standard (FIPS) county code. Format: This should be a 5-digit code.
Patient's county of residence	Name of patient's county. Do not write the word "County" in the name (e.g. "Cook" instead of "Cook County").
Patient's state or territory of residence	Patient's state or territory of residence.
Patient's country of residence	Complete this field if the patient's location of residence is outside of the U.S.
Did your lab perform antimicrobial-resistant dermatophyte testing?	Indicate the type of testing your lab is performing for isolate testing.
Species identified by your lab	Please include dermatophyte species and ITS genotype if available. e.g. Trichophyton indotinea, Trichophyton rubrum, Trichophyton mentagrophytes genotype VII
Date the species identification was performed by your lab	Date the species identification was performed by your lab. Format: YYYY-MM-DD
Date the species identified by your lab was reported to the submitter	Date the species identified by your lab was reported to the submitter. Format: YYYY-MM-DD
Amphotericin b MIC	Amphotericin b MIC.

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Other amphotericin b MIC	Other amphotericin b MIC.
Date of amphotericin b MIC	Date isolate underwent AFST for amphotericin b. Format: YYYY-MM-DD
Date amphotericin b MIC results reported	Date amphotericin b MIC results were reported to the submitter. Format: YYYY-MM-DD
Anidulafungin MIC	Anidulafungin MIC.
Other anidulafungin MIC	Other anidulafungin MIC.
Date of anidulafungin MIC	Date of anidulafungin MIC results were reported to the submitter. Format: YYYY-MM-DD
Date of anidulafungin MIC results reported	Date isolate underwent AFST for anidulafungin. Format: YYYY-MM-DD
Caspofungin MIC	Caspofungin MIC.
Other caspofungin MIC	Other caspofungin MIC.
Date of caspofungin AFST	Date isolate underwent AFST for caspofungin. Format: YYYY-MM-DD
Date caspofungin MIC results reported	Date caspofungin MIC results were reported to the submitter. Format: YYYY-MM-DD
Ibrexafungerp MIC	Ibrexafungerp MIC.
Other ibrexafungerp MIC	Other ibrexafungerp MIC.
Date of ibrexafungerp MIC	Date isolate underwent AFST for ibrexafungerp. Format: YYYY-MM-DD
Date ibrexafungerp MIC reported	Date ibrexafungerp MIC were reported to the submitter. Format: YYYY-MM-DD
Fluconazole MIC	Fluconazole MIC.
Other fluconazole MIC	Other fluconazole MIC.
Date of fluconazole MIC	Date isolate underwent AFST for fluconazole. Format: YYYY-MM-DD
Date flucoazole MIC reported	Date flucoazole MIC were reported to the submitter. Format: YYYY-MM-DD
Isavuconazole MIC	Isavuconazole MIC.
Other isavuconazole MIC	Other isavuconazole MIC.

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Date of isavuconazole MIC	Date isolate underwent AFST for isavuconazole. Format: YYYY-MM-DD
Date isavuconazole MIC results reported	Date isavuconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Itraconazole MIC	Itraconazole MIC.
Other itraconazole MIC	Other itraconazole MIC.
Date of itraconazole MIC	Date isolate underwent AFST for itraconazole. Format: YYYY-MM-DD
Date itraconazole MIC results reported	Date itraconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Micafungin MIC	Micafungin MIC.
Other micafungin MIC	Other micafungin MIC.
Date micafungin MIC	Date isolate underwent AFST for micafungin. Format: YYYY-MM-DD
Date micafungin MIC results reported	Date of micafungin MIC results were reported to the submitter. Format: YYYY-MM-DD
Posaconazole MIC	Posaconazole MIC.
Other posaconazole MIC	Other posaconazole MIC.
Date of posaconazole MIC	Date isolate underwent AFST for posaconazole. Format: YYYY-MM-DD
Date posaconazole results reported	Date posaconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Voriconazole MIC	Voriconazole MIC.
Other voriconazole MIC	Other voriconazole MIC.
Date of voriconazole MIC	Date isolate underwent AFST for voriconazole. Format: YYYY-MM-DD
Date voriconazole MIC results reported	Date voriconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Ciclopirox MIC	Ciclopirox MIC.
Other ciclopirox MIC	Other Ciclopirox MIC.
Date of ciclopirox MIC	Date isolate underwent AFST for Ciclopirox. Format: YYYY-MM-DD

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Date ciclopirox MIC results reported	Date Ciclopirox MIC results were reported to the submitter. Format: YYYY-MM-DD
Ravuconazole MIC	Ravuconazole MIC.
Other rifuconazole MIC	Other Ravuconazole MIC.
Date of rifuconazole MIC	Date isolate underwent AFST for Ravuconazole. Format: YYYY-MM-DD
Date rifuconazole MIC results reported	Date Ravuconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Rezafungin MIC	Rezafungin MIC.
Other rezafungin MIC	Other Rezafungin MIC.
Date of rezafungin MIC	Date isolate underwent AFST for Rezafungin. Format: YYYY-MM-DD
Date rezafungin MIC results reported	Date Rezafungin MIC results were reported to the submitter. Format: YYYY-MM-DD
Ketoconazole MIC	Ketoconazole MIC.
Other ketoconazole MIC	Other Ketoconazole MIC.
Date of ketoconazole MIC	Date isolate underwent AFST for Ketoconazole. Format: YYYY-MM-DD
Date ketoconazole MIC results reported	Date Ketoconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Luliconazole MIC	Luliconazole MIC.
Other luliconazole MIC	Other Luliconazole MIC.
Date of luliconazole MIC	Date isolate underwent AFST for Luliconazole. Format: YYYY-MM-DD
Date luliconazole MIC results reported	Date Luliconazole MIC results were reported to the submitter. Format: YYYY-MM-DD
Oteseconazole MIC	Oteseconazole MIC.
Other oteseconazole MIC	Other Oteseconazole MIC.
Date of oteseconazole MIC	Date isolate underwent AFST for Oteseconazole. Format: YYYY-MM-DD
Date oteseconazole MIC	Date Oteseconazole MIC results were

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results reported	reported to the submitter. Format: YYYY-MM-DD
Manogepix MIC	Manogepix MIC.
Other manogepix MIC	Other Manogepix MIC.
Date of manogepix MIC	Date isolate underwent AFST for Manogepix. Format: YYYY-MM-DD
Date manogepix MIC results reported	Date Manogepix MIC results were reported to the submitter. Format: YYYY-MM-DD
Griseofulvin MIC	Griseofulvin MIC.
Other griseofulvin MIC	Other griseofulvin MIC.
Date of griseofulvin MIC	Date isolate underwent AFST for griseofulvin. Format: YYYY-MM-DD
Date griseofulvin MIC reported	Date griseofulvin MIC were reported to the submitter. Format: YYYY-MM-DD
Terbinafine MIC	Terbinafine MIC.
Other terbinafine MIC	Other terbinafine MIC.
Date of terbinafine MIC	Date isolate underwent AFST for terbinafine. Format: YYYY-MM-DD
Date terbinafine MIC reported	Date terbinafine MIC were reported to the submitter. Format: YYYY-MM-DD
Flucytosine MIC	Flucytosine MIC.
Other flucytosine MIC	Other Flucytosine MIC.
Date of flucytosine MIC	Date isolate underwent AFST for Flucytosine. Format: YYYY-MM-DD
Date flucytosine MIC reported	Date Flucytosine MIC were reported to the submitter. Format: YYYY-MM-DD
Isolate forwarded?	Indicate whether the isolate was forwarded to another lab for testing.
Date isolate forwarded	Date isolate was forwarded by your lab to another lab for further testing. Format: YYYY-DD-MM
PHL where the isolate was forwarded	The state, territory, or jurisdiction of the testing lab where the isolate was forwarded. If you are a regional lab and the the isolate was forwarded to CDC,

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	indicate CDC for this field.
PHL name where the isolate was forwarded	Name of the public health lab where the isolate was forwarded. If you are a regional lab and the isolate was forwarded to CDC, indicate CDC for this field.
Did your lab perform WGS on this isolate?	Indicate whether WGS will be performed on this isolate by your lab.
Date isolate was whole genome sequenced	The date the raw WGS data was generated by your lab. Format: YYYY-MM-DD
WGS ID	The WGS ID assigned to the sample that is used for public posting to NCBI. Format: STATE-LAB-SPECIES-SAMPLE (i.e., ST-LLLLLL-CAU-#####).
SRR number	The run accession from the isolate's SRA submission (i.e., SRR#)
WGS comments	Please share any additional comments related to WGS.
Any comments from your lab?	Any comments from the testing lab.
Do you want MDB to delete this record from your dataset?	Check 'yes' if this record should be deleted from your dataset.
Is this a record update for a DAART record that cannot be resubmitted via HL7?	

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