Date completed: _____ NJDOH ID: _____ NJDOH Notes: _____

Candida auris Case Report Form

New Jersey Department of Health

Case information

Patient's name: _____ Date of birth: _____ Sex: _____

Has the patient died? ☐ Yes, Date of death: _____ Cause of death: _____
☐ No ☐ Unknown

*See backside to record case classification

Initial report information

Date of case report: _____ Reporter name: _____ Reported phone: _____

Reporter email: _____ Reporter organization/agency: _____

How was this case identified? _____

Report notes: _____

_____

_____

Initial *C. auris* identification information

Facility where identifying specimen was collected: _____ City: _____

Date of collection: _____ Specimen source: _____ Type: ☐ Clinical ☐ Surveillance

Initial testing institution/laboratory: _____ City: _____

Initial lab identification: _____ Identification method/instrument: _____

Testing reference laboratory: _____ City: _____

Reference lab identification: _____ Identification method/instrument: _____

Is an isolate available for public health testing? ☐ Yes (see below) ☐ No

If yes, receiving public health laboratory: ☐ CDC ☐ NYSDOH Wadsworth ☐ Other: _____

Public health identification: _____

Subsequent *C. auris* specimens

Specimen collection date	Source	Result	Testing laboratory and instrument	Notes

Date completed: _____ NJDOH ID: _____ NJDOH Notes: _____

Specimen collection date	Source	Result	Testing laboratory and instrument	Notes

Case classification (update as needed)

1. Date: _____
   a. Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ RUI ☐ Not a case
   b. Select one: ☐ Clinical, blood ☐ Clinical, other: _____ ☐ Surveillance

2. Date: _____
   a. Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ RUI ☐ Not a case
   b. Select one: ☐ Clinical, blood ☐ Clinical, other: _____ ☐ Surveillance

3. Date: _____
   a. Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ RUI ☐ Not a case
   b. Select one: ☐ Clinical, blood ☐ Clinical, other: _____ ☐ Surveillance

4. Date: _____
   a. Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ RUI ☐ Not a case
   b. Select one: ☐ Clinical, blood ☐ Clinical, other: _____ ☐ Surveillance

5. Date: _____
   a. Classification: ☐ Confirmed ☐ Probable ☐ Suspect ☐ RUI ☐ Not a case
   b. Select one: ☐ Clinical, blood ☐ Clinical, other: _____ ☐ Surveillance

Additional notes

_____

_____

_____

_____

_____

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