

Client: Example Client ABC123  
123 Test Drive  
Salt Lake City, UT 84108  
UNITED STATES

Physician: Doctor, Example

**Patient: Patient, Example**

**DOB**: Unknown  
**Gender**: Female  
**Patient Identifiers**: 01234567890ABCD, 012345  
**Visit Number (FIN)**: 01234567890ABCD  
**Collection Date**: 00/00/0000 00:00

**Candida auris Surveillance Culture**

ARUP test code 3016815

Collected: 00/00/0000 00:00 MT  
Started: 00/00/0000 00:00 MT

Source: **skin**

Body Site:

Free Text Sources:

**Final Report**

No growth

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Candida auris Surveillance Culture	23-305-121496	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

**S=Susceptible, I=Intermediate, R=Resistant, NonS=Nonsusceptible, IND=Indeterminate, SDD=Susceptibility is dose dependent, None=Interpretive guidelines are not available**

**H=High, L=Low, \*=Abnormal, C=Critical**

Unless otherwise indicated, testing performed at: