



Candidemia Case Notification Form *

<http://phpa.dhmh.maryland.gov/OIDEOR/EIP>

Last Name: _____ First Name: _____ M.I.: _____

Address: _____ County of Residence: _____

Date of Birth: ___/___/_____ Patient Medical Record No: _____

Hospital Name: _____

CULTURE INFORMATION

Date of first positive culture: ___/___/_____ Accession No: _____

Candida species isolated: _____ **Isolate(s) available for pick-up on:** ___/___/_____
(check as many as apply)

- Candida albicans*
- Candida dubliniensis*
- Candida glabrata*
- Candida guilliermondii*
- Candida krusei*
- Candida lusitaniae*
- Candida parapsilosis*
- Candida tropicalis*
- Candida*, germ-tube negative/non-*albicans*
- Candida* species _____
- Candida*, other _____

Person Reporting Case: _____ Date of Report: ___/___/_____

Telephone No: _____

* Notes on Candidemia Surveillance

- * Surveillance includes all positive **blood cultures** for any *Candida* species.
- * Includes any resident of **Baltimore City** or **Baltimore County**.

Please fax this form to: (410) 223-1815

Or

Call to report your case: (410) 223-1810