



C. auris Detection (PT06310) Performance Evaluation Program Enrollment Form

If your laboratory participated in a previous CDC educational exercise, please provide your WSLH PT ID number	_____
CLIA ID:	___ D ___

- ☐ C. auris Culture
- ☐ C. auris Molecular

	Ship samples to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	N/A Samples cannot be shipped to a PO Box
City/State/Zip:	
Email:	
Phone:	()

	Send reports/evaluations to:
Facility Name:	
Contact Name:	
Dept, Rm, Ste, etc:	
Street Address:	
PO Box:	
City/State/Zip:	
Email:	
Phone:	()