

Candida auris (C. auris)

Testing consent form

Candida auris (*C. auris*) is a fungus that is resistant to many medications and can spread easily in hospitals and nursing homes. Your health care facility tests individuals who may have come into contact with this fungus so they can stop it from spreading to others. Getting tested will benefit you and others in your facility, but you can choose not to be tested. Talk to your nurse or doctor if you have any questions or concerns about testing.

Sample collection will include:

- Skin swab

The following should be completed by the patient or their authorized representative:

- I have received information on *C. auris* and the test being performed, including any potential risks and had an opportunity to ask questions.
- I understand testing is completely free. Patients will not be charged.
- Testing may be repeated at regular intervals to confirm the germ is not spreading.

Select one:

- I consent to testing
- I do not consent to testing

For myself, [_____], OR
patient name

On behalf of [_____] by [_____]
patient name authorized representative

Signature: _____ Date: _____

OR

The authorized representative (see above) consented to testing by telephone to

[_____] on [_____].
person who obtained consent date