



ECMM survey: *Fusarium* Infections in Europe

Epidemiological and clinical form

Country:	National Coordinator:
Centre:	City:

PATIENT			
Patient code:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birthdate (mm/yyyy) /	
Country of birth:	Country of residence:	Occupation:	
Ward of hospitalization:	<input type="checkbox"/> Hematology	<input type="checkbox"/> ICU	<input type="checkbox"/> Other, <i>specify</i>

FUSARIUM PATHOLOGY			
Date of diagnosis (dd/mm/yy) / /	<input type="checkbox"/> Disseminated infection	<input type="checkbox"/> Localized infection	<input type="checkbox"/> Colonization
Involved site/s:			
<input type="checkbox"/> blood	<input type="checkbox"/> lung	<input type="checkbox"/> pleura	<input type="checkbox"/> peritoneum
<input type="checkbox"/> cornea	<input type="checkbox"/> skin	<input type="checkbox"/> nails	<input type="checkbox"/> other, <i>specify</i>
Detailed data (clinical manifestations, localization, imaging)			

UNDERLYING DISEASE/FACTORS			
<input type="checkbox"/> Autoimmune disease, <i>specify</i>	date of diagnosis	/ /	
<input type="checkbox"/> Leukemia / <input type="checkbox"/> Lymphoma, <i>specify</i>	date of diagnosis	/ /	
<input type="checkbox"/> Solid cancer, <i>specify</i>	date of diagnosis	/ /	
<input type="checkbox"/> Hemopoietic stem cell transplant	date	/ /	
<input type="checkbox"/> autologous	<input type="checkbox"/> allogeneic:	<input type="checkbox"/> matched related;	<input type="checkbox"/> matched unrelated;
<input type="checkbox"/> myeloablative:	<input type="checkbox"/> related;	<input type="checkbox"/> unrelate	<input type="checkbox"/> non myeloablative:
<input type="checkbox"/> Bone marrow transplant	date	/ /	
<input type="checkbox"/> Graft versus host disease: <input type="checkbox"/> acute;	<input type="checkbox"/> chronic	date of diagnosis	/ /
<input type="checkbox"/> Severe neutropenia (<500/mm ³), <i>specify time and duration of neutropenia</i>			
<input type="checkbox"/> Immunosuppressive drugs, <i>specify drugs, dosage, period of treatment</i>			
<input type="checkbox"/> Corticosteroids, <i>specify drugs, dosage, period of treatment</i>			
<input type="checkbox"/> Chronic obstructive pulmonary disease, <i>specify grade</i>			
<input type="checkbox"/> Surgery, <i>specify</i>	date	/ /	
<input type="checkbox"/> Solid organ transplant, <i>specify</i>	date	/ /	
<input type="checkbox"/> Diabetes: <input type="checkbox"/> type I;	<input type="checkbox"/> type II	date of diagnosis	/ /
<input type="checkbox"/> AIDS	CD4 number/mm ³ :	date of diagnosis	/ /
<input type="checkbox"/> Accidental trauma, <i>specify</i>	date	/ /	
<input type="checkbox"/> Dialysis: <input type="checkbox"/> hemo;	<input type="checkbox"/> peritoneal		
<input type="checkbox"/> Stay in ICU	APACHE II score:	SAPS III score:	period of stay:
<input type="checkbox"/> Use of contact lens, <i>specify type</i>	Contact lens solution used:		
<input type="checkbox"/> Other, <i>specify</i>			

TREATMENT OF FUSARIUM INFECTION			
Antifungal therapy		Patient weight:	
Drug 1:	daily dose:	from (dd/mm/yy) / /	to (dd/mm/yy) / /
Drug 2:	daily dose:	from (dd/mm/yy) / /	to (dd/mm/yy) / /
Drug 3:	daily dose:	from (dd/mm/yy) / /	to (dd/mm/yy) / /
Surgery, <i>specify</i>	date	/ /	

OUTCOME OF FUSARIUM INFECTION

Cure, date	Death, date	Lost, date	Relapse, date
Last culture/s positive for <i>Fusarium</i> (specify sample and date)			

MYCOLOGY

Direct microscopy and culture

	Direct microscopy				Culture							
Blood	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Bronchial secr.	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Oral secretions	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Nasal secretions	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Pleural fluid	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Peritoneal fluid, <i>specify if dialytic</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Biopsy, <i>specify</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Skin, <i>specify site</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Corneal scraping, <i>specify</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Nails, <i>specify</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
Other, <i>specify</i>	not done	done	neg.	pos.*	not done	done	neg.	pos.	date	/	/	/
* presence of hyphae												

Histopathology

Biopsy, <i>specify sample/s and date</i>	not done	done	neg.	pos.*
Autopsy, <i>specify date</i>	not done	done	neg.	pos.*
* presence of hyphae				
Note				

FUSARIUM ISOLATES SENT TO THE NATIONAL/EUROPEAN COORDINATOR

Ref.number:	Identification:	Cultured from:	date	/	/	/
Ref.number:	Identification:	Cultured from:	date	/	/	/
Ref.number:	Identification:	Cultured from:	date	/	/	/

CORRESPONDING PHYSICIAN/MYCOLOGIST

Name of physician	Phone	Email
Name of mycologist	Phone	Email