Aspergillosis
or invasive fungal infection due to other fungi
(except zygomycetes and fusarium)

Centre :	Country :	City :
Patient information		
Country :	City :	Race:
Patient code :	Birthday : (mo/y)	Sex : Weight :
Hospital/Ward :	Occupation :	
Name of Physician:		
Name of Mycologist/Microbiologist:		
e-mail and tel. of the person completing the form (contact person):		
Date of completing the form:		

Underlying disease / Risk factors		
Non-Hodgkin lymphoma	☐	*specify*
Hodgkin's lymphoma	☐	
Leukemia	☐	*specify*
Autoimmune disease	☐	*specify*
Surgery	☐	*specify*
Trauma (accidental)	☐	*specify*
Burn	☐	*specify*
Cancer	☐	*specify* BMT☐ HSCT☐ Non-ablative allogeneic transplant ☐ GVHD☐
Solid organ transplant	☐	*specify*
Diabetes	☐	*specify* Ketoacidosis at time of diagnosis: YES ☐ NO ☐
Chronic ambulatory peritoneal dialysis	☐	*specify*
Chronic renal failure	☐	
Neutropenia	☐	*specify duration (days)* Polymorphonuclears <500 ☐ Resolution of neutropenia at time of diagnosis: YES ☐ NO ☐ *At time of diagnosis neutropenia had resolved (days) :*
Treatment with antibacterial antibiotics	☐	*specify* Duration :
Catheter	☐	*specify*
HIV / AIDS	☐	*specify* CD4 cells : viral load : antiretroviral therapy : *specify*
Recurrent sinusitis	☐	*specify*
Other	☐	*specify*

Treatment (within 3 month prior to diagnosis of mycosis)				
	Drugs	Dosage	Date started	Date stopped
Corticosteroid				
Immunosuppressive				
Adjunctive immunotherappy (i.e. CSFs) Antifungals Reason for antifungal treatment				
Other				

Clinical data		
Fever	☐	*specify*
Site of infection	☐	*specify*
Other clinical data	☐	*specify*
Imaging data		
XRay	☐	*specify*
CTScan	☐	*specify*
NMR	☐	*specify*
Microbiology/Serology data		
Aspergillus Galactomannan	☐	*specify*
B-D-glucan	☐	*specify*
PCR	☐	*specify*

Mycology	Date of diagnosis :	
Histopathology	Not done ☐	Organ/Biopsy/Autopsy: *specify*
		Absence of hyphae ☐ Presence of hyphae ☐
Microscopy & Culture		
Sample 1 *specify*……..	……..	Date :
Direct microscopy	Not done ☐	Done ☐
Culture	Not done ☐	Done ☐ Identification *(if completed)*:
Sample 2 *specify*……..	……..	Date :
Direct microscopy	Not done ☐	Done ☐
Culture	Not done ☐	Done ☐ Identification *(if completed)*:
Sample 3 *specify*……..	……..	Date :
Direct microscopy	Not done ☐	Done ☐
Culture	Not done ☐	Done ☐ Identification *(if completed)*:

Pathology	Date of diagnosis :
Co-infection with	☐ *specify*
Sinus	☐ *specify*
Rhino-orbital	☐ *specify*
Lung	☐ *specify*
Cutaneous	☐ *specify*
Other	☐ *specify*

Treatment of mycosis				
Surgery *Specify*		Date:		
Antifungal therapy	Drugs	Dosage	Date started	Date stopped
Outcome	Cured ☐ Death ☐	Date : Date :		

Isolates		
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from

Other remarks :