

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

| | | |
|---|--------------------|---------------------|
| Centre : | Country : | City : |
| Patient information | | |
| Country : | City : | Race: |
| Patient code : | Birthdate : (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 | <input type="checkbox"/> <i>specify</i> |
| Hodgkin's lymphoma | <input type="checkbox"/> |
| Leukemia | <input type="checkbox"/> <i>specify</i> |
| Autoimmune disease | <input type="checkbox"/> <i>specify</i> |
| Surgery | <input type="checkbox"/> <i>specify</i> |
| Trauma (accidental) | <input type="checkbox"/> <i>specify</i> |
| Burn | <input type="checkbox"/> <i>specify</i> |
| Cancer | <input type="checkbox"/> <i>specify</i> |
| BMT <input type="checkbox"/> HSCT <input type="checkbox"/> | Non-ablative allogeneic transplant <input type="checkbox"/> GVHD <input type="checkbox"/> |
| Solid organ transplant | <input type="checkbox"/> <i>specify</i> |
| Diabetes | <input type="checkbox"/> <i>specify</i> |
| | Ketoacidosis at time of diagnosis: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Chronic ambulatory peritoneal dialysis | <input type="checkbox"/> <i>specify</i> |
| Chronic renal failure | <input type="checkbox"/> |
| Neutropenia | <input type="checkbox"/> <i>specify duration (days)</i> Polymorphonuclears <500 <input type="checkbox"/> |
| | Resolution of neutropenia at time of diagnosis: YES <input type="checkbox"/> NO <input type="checkbox"/> |
| | <i>At time of diagnosis neutropenia had resolved (days) :</i> |
| Treatment with antibacterial antibiotics | <input type="checkbox"/> <i>specify</i> Duration : |
| Catheter | <input type="checkbox"/> <i>specify</i> |
| HIV / AIDS | <input type="checkbox"/> <i>specify</i> CD4 cells : viral load : |
| | antiretroviral therapy : <i>specify</i> |
| Recurrent sinusitis | <input type="checkbox"/> <i>specify</i> |
| Other | <input type="checkbox"/> <i>specify</i> |

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

| Clinical data | |
|----------------------------|---|
| Fever | <input type="checkbox"/> <i>specify</i> |
| Site of infection | <input type="checkbox"/> <i>specify</i> |
| Other clinical data | <input type="checkbox"/> <i>specify</i> |
| Imaging data | |
| XRay | <input type="checkbox"/> <i>specify</i> |
| CTScan | <input type="checkbox"/> <i>specify</i> |
| NMR | <input type="checkbox"/> <i>specify</i> |
| Microbiology/Serology data | |
| Aspergillus | <input type="checkbox"/> <i>specify</i> |
| Galactomannan | |
| B-D-glucan | <input type="checkbox"/> <i>specify</i> |
| PCR | <input type="checkbox"/> <i>specify</i> |

| Mycology | | Date of diagnosis : |
|--------------------------------------|-----------------------------------|--|
| Histopathology | Not done <input type="checkbox"/> | Organ/Biopsy/Autopsy: <i>specify</i> |
| | | Absence of hyphae <input type="checkbox"/> Presence of hyphae <input type="checkbox"/> |
| Microscopy & Culture | | |
| Sample 1 <i>specify</i> | | Date : |
| Direct microscopy | Not done <input type="checkbox"/> | Done <input type="checkbox"/> |
| Culture | Not done <input type="checkbox"/> | Done <input type="checkbox"/> Identification (<i>if completed</i>): |
| Sample 2 <i>specify</i> | | Date : |
| Direct microscopy | Not done <input type="checkbox"/> | Done <input type="checkbox"/> |
| Culture | Not done <input type="checkbox"/> | Done <input type="checkbox"/> Identification (<i>if completed</i>): |
| Sample 3 <i>specify</i> | | Date : |
| Direct microscopy | Not done <input type="checkbox"/> | Done <input type="checkbox"/> |
| Culture | Not done <input type="checkbox"/> | Done <input type="checkbox"/> Identification (<i>if completed</i>): |

| Pathology | | Date of diagnosis : |
|-------------------|---|---------------------|
| Co-infection with | <input type="checkbox"/> <i>specify</i> | |
| Sinus | <input type="checkbox"/> <i>specify</i> | |
| Rhino-orbital | <input type="checkbox"/> <i>specify</i> | |
| Lung | <input type="checkbox"/> <i>specify</i> | |
| Cutaneous | <input type="checkbox"/> <i>specify</i> | |
| Other | <input type="checkbox"/> <i>specify</i> | |

| Treatment of mycosis | | | | |
|------------------------|--|------------------|--------------|--------------|
| Surgery <i>Specify</i> | | Date: | | |
| Antifungal therapy | Drugs | Dosage | Date started | Date stopped |
| Outcome | Cured <input type="checkbox"/> Death <input type="checkbox"/> | 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 :