

Form 2146 R4.0: Fungal Infection Post-Infusion Data

Center: CRID:

Key Fields

Sequence Number:
Date Received: - -
CIBMTR Center Number:
CIBMTR Research ID:
Event date: - - - - -
Visit

100 day 6 months 1 year 2 years > 2 years,
Specify:

Infection Episode

Questions: 1 - 25

Information for this report should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient post-HCT / post-infusion, or abstraction of the recipient's medical records.

1 Organism
2 Date of infection diagnosis: - - - - -

Specify all diagnostic tests performed, which had a positive result, to determine the diagnosis of the fungal infection.

3 Radiographic findings (e.g. x-ray, CT, or MRI)
Yes No
4 Specify imaging sites that supported the diagnosis of fungal infection (check all that apply)

Abdomen / pelvis
Bone
Brain
Chest
Sinus
Other imaging site
5 Specify other imaging site:
6 Pathology (e.g. biopsy, cytology)
Yes No
7 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

Brain / central nervous system (CNS)
Eye
Liver
Lung (includes sputum)
Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
Skin
Spleen
Other sample source
8 Specify other sample source:

9 Culture
Yes No
10 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

Blood (includes whole blood, serum, or plasma)
Bone
Brain / central nervous system (CNS)
Eye
Liver
Lung (includes sputum)
Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
Skin
Spleen
Other sample source
11 Specify other sample source:

12 KOH / Calcofluor / Giemsa stain
Yes No

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13 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- ☐ Bone
- ☐ Central nervous system (CNS)
- ☐ Liver
- ☐ Lung (includes sputum)
- ☐ Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
- ☐ Skin
- ☐ Spleen
- ☐ Other sample source

14 Specify other sample source: _____

15 Galactomannan assay

☐ Yes ☐ No

16 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- ☐ Blood (includes whole blood, serum, or plasma)
- ☐ Bronchial fluid (BAL)
- ☐ Cerebrospinal fluid (CSF)
- ☐ Other sample source

17 Specify other sample source: _____

18 1,3-Beta-D-glucan (Fungitell) assay

☐ Yes ☐ No

19 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- ☐ Blood (includes whole blood, serum, or plasma)
- ☐ Bronchial fluid (BAL)
- ☐ Cerebrospinal fluid (CSF)
- ☐ Other sample source

20 Specify other sample source: _____

21 PCR assay

☐ Yes ☐ No

22 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- ☐ Blood (includes whole blood, serum, or plasma)
- ☐ Bronchial fluid (BAL)
- ☐ Cerebrospinal fluid (CSF)
- ☐ Tissue
- ☐ Other sample source

23 Specify other sample source: _____

24 Specify tissue (check all that apply)

- ☐ Brain
- ☐ Eye
- ☐ Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
- ☐ Liver
- ☐ Lung
- ☐ Skin
- ☐ Other tissue

25 Specify other tissue: _____

Hematologic Findings at Diagnosis of Infection

Questions: 26 - 42

Provide values closest to the date of diagnosis of the infection (\pm 7 days)

26 Date of complete blood count: ____ - ____ - ____

27 WBC

☐ Known ☐ Unknown

28 _____ ☐ $\times 10^9/L$ ($\times 10^3/mm^3$)
☐ $\times 10^6/L$

29 Neutrophils

☐ Known ☐ Unknown

30 _____ %

31 Monocytes

☐ Known ☐ Unknown

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32 _____ %

33 Lymphocytes

☐ Known ☐ Unknown

34 _____ %

35 Platelets

☐ Known ☐ Unknown

36 _____ ☐ x 10⁹/L (x 10³/mm³)
☐ x 10⁶/L

37 Serum creatinine

☐ Known ☐ Unknown

38 _____ ☐ mg/dL ☐ mmol/L ☐ µmol/L

39 Upper limit of normal for your institution: _____ ☐ mg/dL ☐ mmol/L ☐ µmol/L

40 ALT (SGPT)

☐ Known ☐ Unknown

41 _____ ☐ U/L ☐ µkat/L

42 Upper limit of normal for your institution: _____ ☐ U/L ☐ µkat/L

Treatment of Infection

Questions: 43 - 49

Specify all medications received by the recipient from 7 days prior to the date of infection diagnosis until the end of the reporting period for this form. If the recipient received the medication, please record the date that the medication started.

43 Did the recipient receive any therapy between 7 days prior to the date of infection diagnosis and the date of contact for this reporting period?

☐ yes ☐ no

Antifungal Drugs (1)

Questions: 44 - 48

44 Antifungal drugs

- ☐ Amphotericin products (Amphocin, Fungizone, Ambisome, Abelcet, Amphotec)
☐ Anidulafungin (Eraxis)
☐ Caspofungin (Cancidas)
☐ Fluconazole (Diflucan)
☐ Isavuconazole (Cresemba)
☐ Itraconazole (Sporanox)
☐ Micafungin (Mycamine)
☐ Posaconazole (Noxafil)
☐ Voriconazole (Vfend)
☐ Other antifungal drug

45 Specify other antifungal drug: _____

46 Date therapy started

☐ Known ☐ Unknown

47 Date started: ____ - ____ - ____ ☐ Date estimated

48 Was this therapy still being given at 30 days (± 3 days) after the date of diagnosis of infection? (for cases where 30 days (± 3 days) falls in the next reporting period, indicate if the recipient was still receiving this therapy at the date of last contact)

☐ Yes ☐ No

49 What was the status of the infection? (at the end of the reporting period)

☐ Ongoing ☐ Improved ☐ Resolved ☐ Unknown

First Name: _____ Last Name: _____

E-mail address: _____ Date: ____ - ____ - ____