Form 2046 R5.0: Fungal Infection Pre-Infusion Data

Center: CRID:

Key Fields

Sequence Number: _____

Date Received: __ __ __ __ - __ __- __ __

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: __ __ __ __ - __ __- __ __

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 pre-HCT / pre-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 ○ Unknown

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 ○ Unknown

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 ○ Unknown

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 ○ Unknown

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 ○ Unknown

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 ○ Unknown

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 ○ Unknown

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: _____

Treatment of Infection

Questions: 26 - 31

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.

26 Did the recipient receive any therapy between 7 days prior to the date of infection diagnosis and the date of infusion?

○ yes ○ no

Antifungal Drugs (1)

Questions: 27 - 30

Form 2046 R5.0: Fungal Infection Pre-Infusion Data

Center: CRID:

27 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

28 Specify other antifungal drug: _____

29 Date therapy started

○ Known ○ Unknown

30 Date started: __ __ __ __ - __ __- __ __ ☐ Date estimated

31 What was the status of the infection? (at the last evaluation prior to the start of the preparative regimen)

○ Ongoing ○ Improved ○ Resolved ○ Unknown

First Name: _____

Last Name: _____

E-mail address: _____

Date: __ __ __ __ - __ __- __ __