

25. Antifungal susceptibility testing (check here if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 <input type="checkbox"/> CA 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 9 <input type="checkbox"/> CO 10 <input type="checkbox"/> CGN 11 <input type="checkbox"/> CS 12 <input type="checkbox"/> Pending	Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Caspofungin (Cancidas)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Itraconazole (Sporanox)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
		Caspofungin (Cancidas)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		
Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		
Itraconazole (Sporanox)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		
Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		
Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		
Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND		

26. Additional non-*Candida* organisms isolated from blood cultures on the day of or in the 7 days before the DISC:

1 Yes 0 No 9 Unknown

26a. If yes, additional organisms (Enter up to 3 pathogens): _____, _____, _____

27. At the time of DISC, was the patient known to be colonized with or being managed as if they were colonized with multi-drug resistant organism (MDRO) infection control (e.g.: on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.

1 Yes 0 No 9 Unknown

27a. If yes, specify organisms (Enter up to 3 pathogens): _____, _____, _____

28. Any subsequent positive *Candida* blood cultures in the 30 days after the DISC? 1 Yes 0 No 9 Unknown

28a. If yes, provide dates of all subsequent positive *Candida* blood cultures and select the species:

Date Drawn (mm-dd-yyyy)	Species identified*
____ - ____ - ____	<input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending
____ - ____ - ____	<input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending
____ - ____ - ____	<input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending
____ - ____ - ____	<input type="checkbox"/> CA <input type="checkbox"/> CG <input type="checkbox"/> CP <input type="checkbox"/> CT <input type="checkbox"/> CD <input type="checkbox"/> CL <input type="checkbox"/> CK <input type="checkbox"/> CGM <input type="checkbox"/> CO:_____ <input type="checkbox"/> CGN <input type="checkbox"/> CS <input type="checkbox"/> Pending

*Attach additional MIC page if additional *Candida* species (different from original), if another *C. glabrata* (even if original was *C. glabrata*), or if same *Candida* species (if no AFST results available for original)

29. Documented negative *Candida* blood culture in the 30 days after the DISC? 1 Yes 0 No 9 Unknown

29a. If yes, date of negative blood culture: ____ - ____ - ____

30. Did the patient have any of the following types of infection/colonization related to their *Candida* infection?

(check all that apply): None Unknown

- | | | | |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Abscess | <input type="checkbox"/> Candiduria | <input type="checkbox"/> Peritonitis | <input type="checkbox"/> Osteomyelitis |
| <input type="checkbox"/> Splenic | <input type="checkbox"/> CNS involvement (meningitis, brain abscess) | <input type="checkbox"/> Respiratory specimen with <i>Candida</i> | <input type="checkbox"/> Skin lesions |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Eyes (endophthalmitis or chorioretinitis) | <input type="checkbox"/> Septic emboli | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Pulmonary | <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Lungs | |
| | | <input type="checkbox"/> Brain | |

MEDICAL ENCOUNTERS

31. Was the patient hospitalized on the day of or in the 6 days after the DISC? 1 Yes 0 No 9 Unknown

31a. If yes,
 Date of first admission: ____ - ____ - ____ Unknown
 Hospital ID: _____ Unknown

31b. Was the patient transferred during this hospitalization?

1 Yes 0 No 9 Unknown

If yes, enter up to two transfers:

Date of transfer: ____ - ____ - ____ <input type="checkbox"/> Unknown	Date of second transfer: ____ - ____ - ____ <input type="checkbox"/> Unknown
Hospital ID: _____ <input type="checkbox"/> Unknown	Hospital ID: _____ <input type="checkbox"/> Unknown

32. Where was the patient located prior to admission? (Check one)

- | | | |
|--|-------------------------------------|---|
| 1 <input type="checkbox"/> Private residence | 4 <input type="checkbox"/> LTACH | 6 <input type="checkbox"/> Incarcerated |
| 3 <input type="checkbox"/> LTCF | Facility ID: _____ | 7 <input type="checkbox"/> Other (specify): _____ |
| Facility ID: _____ | 5 <input type="checkbox"/> Homeless | 9 <input type="checkbox"/> Unknown |

33. Patient outcome: 1 Survived 9 Unknown 2 Died

Date of discharge: ____ - ____ - ____ <input type="checkbox"/> Unknown	Date of death: ____ - ____ - ____ <input type="checkbox"/> Unknown
--	--

Left against medical advice (AMA)

33a. Discharged to:

- | | |
|--|---|
| 0 <input type="checkbox"/> Not applicable (i.e. patient died, or not hospitalized) | 5 <input type="checkbox"/> Other (specify): _____ |
| 1 <input type="checkbox"/> Private residence | 6 <input type="checkbox"/> Homeless |
| 2 <input type="checkbox"/> LTCF Facility ID: _____ | 7 <input type="checkbox"/> Incarcerated |
| 3 <input type="checkbox"/> LTACH Facility ID: _____ | 9 <input type="checkbox"/> Unknown |

34. Did the patient have any of the following classes or specific ICD-10 codes, including any sub-codes for this hospitalization?

(Check all that apply): None Unknown

- | | |
|---|--|
| <input type="checkbox"/> B37 (candidiasis)
Specify sub-code: _____ | <input type="checkbox"/> B48 (other mycoses, not classified elsewhere) |
| <input type="checkbox"/> P37.5 (neonatal candidiasis) | <input type="checkbox"/> B49 (unspecified mycoses) |
| | <input type="checkbox"/> T80.211 (BSI due to central venous catheter) |
| | <input type="checkbox"/> A41.9 (sepsis, unspecified organism) |
| | <input type="checkbox"/> R65.2 (severe sepsis) |

35. Previous Hospitalization in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

35a. If yes, date of discharge: ____ - ____ - ____ Unknown
 Facility ID: _____

36. Overnight stay in LTACH in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

37. Overnight stay in LTCF in the 90 days before the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

UNDERLYING CONDITIONS

38. Underlying conditions (Check all that apply): None Unknown

- | | | |
|---|---|--|
| <p><input type="checkbox"/> Chronic Lung Disease</p> <p><input type="checkbox"/> Cystic Fibrosis</p> <p><input type="checkbox"/> Chronic Pulmonary disease</p> <p><input type="checkbox"/> Chronic Metabolic Disease</p> <p><input type="checkbox"/> Diabetes Mellitus</p> <p><input type="checkbox"/> With Chronic Complications</p> <p><input type="checkbox"/> Cardiovascular Disease</p> <p><input type="checkbox"/> CVA/Stroke/TIA</p> <p><input type="checkbox"/> Congenital Heart disease</p> <p><input type="checkbox"/> Congestive Heart Failure</p> <p><input type="checkbox"/> Myocardial infarction</p> <p><input type="checkbox"/> Peripheral Vascular Disease (PVD)</p> <p><input type="checkbox"/> Gastrointestinal Disease</p> <p><input type="checkbox"/> Diverticular disease</p> <p><input type="checkbox"/> Inflammatory Bowel Disease</p> <p><input type="checkbox"/> Peptic Ulcer Disease</p> <p><input type="checkbox"/> Short gut syndrome</p> <p><input type="checkbox"/> Immunocompromised Condition</p> <p><input type="checkbox"/> HIV infection</p> <p><input type="checkbox"/> AIDS/CD4 count <200</p> <p><input type="checkbox"/> Primary Immunodeficiency</p> <p><input type="checkbox"/> Transplant, Hematopoietic Stem Cell</p> <p><input type="checkbox"/> Transplant, Solid Organ</p> | <p><input type="checkbox"/> Liver Disease</p> <p><input type="checkbox"/> Chronic Liver Disease</p> <p><input type="checkbox"/> Ascites</p> <p><input type="checkbox"/> Cirrhosis</p> <p><input type="checkbox"/> Hepatic Encephalopathy</p> <p><input type="checkbox"/> Variceal Bleeding</p> <p><input type="checkbox"/> Hepatitis C</p> <p><input type="checkbox"/> Treated, in SVR</p> <p><input type="checkbox"/> Current, chronic</p> <p><input type="checkbox"/> Malignancy</p> <p><input type="checkbox"/> Malignancy, Hematologic</p> <p><input type="checkbox"/> Malignancy, Solid Organ (non-metastatic)</p> <p><input type="checkbox"/> Malignancy, Solid Organ (metastatic)</p> <p><input type="checkbox"/> Neurologic Condition</p> <p><input type="checkbox"/> Cerebral palsy</p> <p><input type="checkbox"/> Chronic Cognitive Deficit</p> <p><input type="checkbox"/> Dementia</p> <p><input type="checkbox"/> Epilepsy/seizure/seizure disorder</p> <p><input type="checkbox"/> Multiple sclerosis</p> <p><input type="checkbox"/> Neuropathy</p> <p><input type="checkbox"/> Parkinson's disease</p> <p><input type="checkbox"/> Other (specify): _____</p> | <p><input type="checkbox"/> Plegias/Paralysis</p> <p><input type="checkbox"/> Hemiplegia</p> <p><input type="checkbox"/> Paraplegia</p> <p><input type="checkbox"/> Quadriplegia</p> <p><input type="checkbox"/> Renal Disease</p> <p><input type="checkbox"/> Chronic Kidney Disease</p> <p>Lowest serum creatinine: _____ mg/DL</p> <p><input type="checkbox"/> Skin Condition</p> <p><input type="checkbox"/> Burn</p> <p><input type="checkbox"/> Decubitus/Pressure Ulcer</p> <p><input type="checkbox"/> Surgical Wound</p> <p><input type="checkbox"/> Other chronic ulcer or chronic wound</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Connective tissue disease</p> <p><input type="checkbox"/> Obesity or morbid obesity</p> <p><input type="checkbox"/> Pregnant</p> |
|---|---|--|

SOCIAL HISTORY

39. Smoking (Check all that apply):

- None Tobacco
- Unknown E-nicotine delivery system
- Marijuana

40. Alcohol Abuse:

- 1 Yes
- 0 No
- 9 Unknown

41. Other Substances (Check all that apply): None Unknown

Documented Use Disorder (DUD/Abuse): **Mode of Delivery** (Check all that apply):

- | | | | | | |
|--|---------------------------------------|------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> Marijuana (other than smoking) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Opioid, DEA schedule I (e.g., Heroin) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Opioid, DEA schedule II-IV (e.g., methadone, oxycodone) | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Cocaine or methamphetamine | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Other* (specify): _____ | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Unknown substance | <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Skin popping | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |

*Includes hallucinogens (LSD, mushrooms, etc.), club drugs, (MDMA, GHB, etc.), dissociative drugs (ketamine, etc.), inhalants.

OTHER CONDITIONS

42. For cases ≤ 1 year of age: Gestational age at birth: _____ wks 9 Unknown AND Birth weight: _____ gms 9 Unknown

43. Infection with *Clostridium difficile* in the 90 days before or 30 days after the DISC:

1 Yes 0 No 9 Unknown

43a. If yes, date of first *C. diff* diagnosis: _____ - _____ - _____ Unknown

44. Chronic Dialysis: Not on chronic dialysis Unknown

Type: Hemodialysis Peritoneal

44a. If Hemodialysis, type of vascular access:

AV fistula/graft Hemodialysis central line Unknown

45. Surgeries in the 90 days before the DISC:

- Abdominal surgery
- Non-abdominal surgery (specify): _____
- No surgery

46. Pancreatitis in the 90 days before the DISC:

1 Yes

0 No

47. Chronic Urinary Tract Problems/Abnormalities:

1 Yes 0 No 9 Unknown

47a. If yes, did the patient have any urinary tract procedures in the 90 days before the DISC?

1 Yes 0 No 9 Unknown

48. Was the patient neutropenic* on the day of incident specimen collection or at any time in the 2 calendar days before the DISC?

1 Yes 0 No 9 Unknown (no WBC days -2 or 0, or no differential)

49. Was the patient in an ICU in the 14 days before the DISC?

1 Yes 0 No 9 Unknown

50. Was the patient in an ICU on the day of incident specimen collection or in the 13 days after the DISC?

1 Yes 0 No 9 Unknown

51. Did the patient have a CVC in the 2 calendar days before DISC?

1 Yes 2 No 3 Had CVC but can't find dates 9 Unknown

If yes, check here if central line in place for > 2 calendar days:

51a. If yes, CVC type: (Check all that apply)

- Non-tunneled CVCs Implantable ports Other (specify): _____
 Tunneled CVCs Peripherally inserted central catheter (PICC) Unknown

51b. Were all CVCs removed or changed on the day of or in the 6 days after the DISC?

1 Yes 3 CVC removed, but can't find dates 9 Unknown
 2 No 5 Died or discharged before indwelling catheter replaced

52. Did the patient have a midline catheter in the 2 calendar days before DISC?

1 Yes 0 No 9 Unknown

53. Did the patient have any of the following indwelling devices present in the 3 calendar days before DISC?

- Urinary Catheter Respiratory Gastrointestinal
 Indwelling urethral ET/NT Gastrostomy
 Suprapubic Tracheostomy

MEDICATIONS

54. Did the patient receive systemic antibacterial medication in the 14 days before the DISC?

1 Yes 0 No 9 Unknown

55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before the DISC?

1 Yes 0 No 9 Unknown

56. Did the patient receive systemic antifungal medication in the 14 days before the DISC?

1 Yes (if Yes, fill out question 59) 0 No 9 Unknown

57. Was the patient prescribed systemic antifungal medication after the DISC?

1 Yes (if Yes, fill out question 59) 0 No 9 Unknown

58. If antifungal medication was not given to treat current candidemia infection, what was the reason?

- 1 Patient died before culture result available to clinicians 5 Other reason documented in medical records, specify: _____
 2 Comfort care only measures were instituted 6 Patient refused treatment against medical advice
 3 Patient discharged before culture result available to clinician 9 Unknown
 4 Medical records indicated culture result not clinically significant

-----IF ANY ANTIFUNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE. OTHERWISE END OF CHART REVIEW FORM-----

ANTIFUNGAL MEDICATION TABLES

Drug abbreviations (**NOTE: Please use abbreviation when entering data**):

Amphotericin – any IV formulation (Amphotec, Amphocil, Fungizone, Abelcet, Ambiosome, etc.)=AMBIV
 Anidulafungin (Eraxis)=ANF
 Caspofungin (Cancidas)=CAS

Fluconazole (Diflucan)=FLC
 Flucytosine (5FC)=5FC
 Isavuconazole (cresemba)=ISU
 Itraconazole (Sporanox)=ITC
 Micafungin (Mycamine)=MFG

Other=OTH
 Posaconazole (Noxafil)=PSC
 UNKNOWN DRUG=UNK
 Voriconazole (Vfend)=VRC

59. ANTIFUNGAL MEDICATION

a. Drug Abbrev	b. First date given (mm-dd-yyyy)	c. Date start unknown	d. Last date given (mm-dd-yyyy)	e. Date stop unknown	f. Indication	g. Reason for stopping (if applicable)*
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	
	____ - ____ - ____	<input type="checkbox"/>	____ - ____ - ____	<input type="checkbox"/>	<input type="checkbox"/> Prophylaxis <input type="checkbox"/> Treatment	

*Reasons for stopping antifungal treatment include: (1) completion of treatment; (2) started on different antifungal; (3) hospital discharge; (4) withdrawal of care/transition to comfort case only; (5) death; (6) other; (7) no additional records/lost to follow-up; (8) not applicable, no therapy given; and (9) unknown.

-----END OF CHART REVIEW FORM-----

AFST results for additional *Candida* isolates

Antifungal susceptibility testing (check here if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 <input type="checkbox"/> CA	Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	2 <input type="checkbox"/> CG	Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	3 <input type="checkbox"/> CP	Caspofungin (Cancidas)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	4 <input type="checkbox"/> CT	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	5 <input type="checkbox"/> CD	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	6 <input type="checkbox"/> CL	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	7 <input type="checkbox"/> CK	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	8 <input type="checkbox"/> CGM	Itraconazole (Sporanox)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	9 <input type="checkbox"/> CO	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	10 <input type="checkbox"/> CGN	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	11 <input type="checkbox"/> CS	Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	12 <input type="checkbox"/> Pending	Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	1 <input type="checkbox"/> CA	Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	2 <input type="checkbox"/> CG	Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
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	4 <input type="checkbox"/> CT	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	5 <input type="checkbox"/> CD	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	6 <input type="checkbox"/> CL	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	7 <input type="checkbox"/> CK	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
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	10 <input type="checkbox"/> CGN	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	11 <input type="checkbox"/> CS	Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	12 <input type="checkbox"/> Pending	Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND

Antifungal susceptibility testing (check here if no testing done/no test reports available):

Date of culture	Species	Drug	MIC	Interpretation
	1 <input type="checkbox"/> CA	Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	2 <input type="checkbox"/> CG	Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	3 <input type="checkbox"/> CP	Caspofungin (Cancidas)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	4 <input type="checkbox"/> CT	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	5 <input type="checkbox"/> CD	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	6 <input type="checkbox"/> CL	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	7 <input type="checkbox"/> CK	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	8 <input type="checkbox"/> CGM	Itraconazole (Sporanox)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	9 <input type="checkbox"/> CO	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	10 <input type="checkbox"/> CGN	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	11 <input type="checkbox"/> CS	Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	12 <input type="checkbox"/> Pending	Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	1 <input type="checkbox"/> CA	Amphotericin B		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	2 <input type="checkbox"/> CG	Anidulafungin (Eraxis)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	3 <input type="checkbox"/> CP	Caspofungin (Cancidas)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	4 <input type="checkbox"/> CT	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	5 <input type="checkbox"/> CD	Fluconazole (Diflucan)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	6 <input type="checkbox"/> CL	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	7 <input type="checkbox"/> CK	Flucytosine (5FC)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	8 <input type="checkbox"/> CGM	Itraconazole (Sporanox)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	9 <input type="checkbox"/> CO	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	10 <input type="checkbox"/> CGN	Micafungin (Mycamine)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	11 <input type="checkbox"/> CS	Posaconazole (Noxafil)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND
	12 <input type="checkbox"/> Pending	Voriconazole (Vfend)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NS <input type="checkbox"/> NI <input type="checkbox"/> ND