

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	
	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
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26. Additional non-*Candida* organisms isolated from blood cultures on the day of or in the 6 days before the DISC:

1 Yes 0 No 9 Unknown

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

27. Infection with *Clostridioides difficile* in the 90 days before or 30 days after the DISC:

1 Yes 0 No 9 Unknown

27a. If yes, date of first *C. diff* diagnosis: ____ - ____ - ____ Unknown

28. Any subsequent positive *Candida* blood cultures in the 29 days after, not including 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 on the day of or in the 29 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"/> Other (specify): _____ | | <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: ____-____-_____ Unknown

Date of second transfer: ____-____-_____ Unknown

Hospital ID: _____ Unknown

Hospital ID: _____ 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. Was the patient in an ICU in the 14 days before, not including the DISC?

1 Yes 0 No 9 Unknown

34. 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

35. Patient outcome: 1 Survived 9 Unknown 2 Died

Date of discharge: ____-____-_____ Unknown

Date of death: ____-____-_____ Unknown

Left against medical advice (AMA)

35a. 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 |

36. 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"/> A41.9 (sepsis, unspecified organism) |
| <input type="checkbox"/> P37.5 (neonatal candidiasis) | <input type="checkbox"/> B49 (unspecified mycoses) | <input type="checkbox"/> R65.2 (severe sepsis) |
| | <input type="checkbox"/> T80.211 (BSI due to central venous catheter) | <input type="checkbox"/> Other <i>Candida</i> -related code
Specify code: _____ |

37. Previous Hospitalization in the **90 days before**, not including the DISC: 1 Yes 0 No 9 Unknown

37a. If yes, date of discharge: _____ - _____ - _____ Unknown

Facility ID: _____

38. Overnight stay in LTACH in the **90 days before**, not including the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

39. Overnight stay in LTCF in the **90 days before**, not including the DISC: 1 Yes 0 No 9 Unknown

Facility ID: _____

UNDERLYING CONDITIONS

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

Chronic Lung Disease

- Cystic Fibrosis
- Chronic Pulmonary disease

Chronic Metabolic Disease

- Diabetes Mellitus
- With Chronic Complications

Cardiovascular Disease

- CVA/Stroke/TIA
- Congenital Heart disease
- Congestive Heart Failure
- Myocardial infarction
- Peripheral Vascular Disease (PVD)

Gastrointestinal Disease

- Diverticular disease
- Inflammatory Bowel Disease
- Peptic Ulcer Disease
- Short gut syndrome

Immunocompromised Condition

- HIV infection
- AIDS/CD4 count <200
- Primary Immunodeficiency
- Transplant, Hematopoietic Stem Cell
- Transplant, Solid Organ

Liver Disease

- Chronic Liver Disease
- Ascites
- Cirrhosis
- Hepatic Encephalopathy
- Variceal Bleeding
- Hepatitis C
- Treated, in SVR
- Current, chronic

Malignancy

- Malignancy, Hematologic
- Malignancy, Solid Organ (non-metastatic)
- Malignancy, Solid Organ (metastatic)

Neurologic Condition

- Cerebral palsy
- Chronic Cognitive Deficit
- Dementia
- Epilepsy/seizure/seizure disorder
- Multiple sclerosis
- Neuropathy
- Parkinson's disease
- Other (specify): _____

Plegias/Paralysis

- Hemiplegia
- Paraplegia
- Quadriplegia

Renal Disease

- Chronic Kidney Disease
- Lowest serum creatinine: _____ mg/DL
- Unknown or not done

Skin Condition

- Burn
- Decubitus/Pressure Ulcer
- Surgical Wound
- Other chronic ulcer or chronic wound
- Other (specify): _____

Other

- Connective tissue disease
- Obesity or morbid obesity
- Pregnant

SOCIAL HISTORY

41. Smoking (Check all that apply):

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

42. Alcohol Abuse:

- 1 Yes
- 0 No
- 9 Unknown

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

- Marijuana (other than smoking)
- Opioid, DEA schedule I (e.g., Heroin)
- Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)
- Opioid, NOS
- Cocaine
- Methamphetamine
- Other (specify): _____
- Unknown substance

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

- DUD or abuse
- DUD or abuse
- DUD or abuse
- DUD or abuse
- DUD or abuse
- DUD or abuse
- DUD or abuse
- DUD or abuse
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown
- IDU Skin popping Non-IDU Unknown

44. During the current hospitalization, did the patient receive medication-assisted treatment (MAT) for opioid use disorder?

- 1 Yes
- 0 No
- 8 N/A (patient not hospitalized or did not have DUD)
- 9 Unknown

OTHER CONDITIONS

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

46. Chronic Dialysis: Not on chronic dialysis Unknown 46a. If Hemodialysis, type of vascular access:
 Type: Hemodialysis Peritoneal AV fistula/graft Hemodialysis central line Unknown

<p>47. Surgeries on the day of or in the 89 days before the DISC: <input type="checkbox"/> Abdominal surgery <input type="checkbox"/> Non-abdominal surgery (specify): _____ <input type="checkbox"/> No surgery</p>	<p>48. Pancreatitis on the day of or in the 89 days before the DISC: 1 <input type="checkbox"/> Yes 0 <input type="checkbox"/> No 9 <input type="checkbox"/> Unknown</p>
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49. Chronic Urinary Tract Problems/Abnormalities: 49a. If yes, did the patient have any urinary tract procedures on the day of or in the 89 days before the DISC?
 1 Yes 0 No 9 Unknown 1 Yes 0 No 9 Unknown

50. Was the patient neutropenic in the 2 calendar days before, not including the DISC?
 1 Yes 0 No 9 Unknown (no WBC days -2 or 0, or no differential)

51. Did the patient have a CVC in the 2 calendar days before, not including the 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, not including the DISC?
 1 Yes 0 No 9 Unknown

53. Did the patient have any of the following indwelling devices present in the 2 calendar days before, not including the DISC?
 None Unknown
 Urinary Catheter/Device Respiratory Gastrointestinal
 Indwelling urethral ET/NT Abdominal drain (specify): _____
 Suprapubic Tracheostomy Gastrostomy

MEDICATIONS

54. Did the patient receive systemic antibacterial medication in the 14 days before, not including the DISC?
 1 Yes 0 No 9 Unknown

55. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?
 1 Yes 0 No 9 Unknown

56. Did the patient receive systemic antifungal medication on the day of or in the 13 days before the DISC?
 1 Yes (if Yes, fill out question 59) 0 No 9 Unknown

57. Was the patient administered systemic antifungal medication after, not including 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. -----

-----IF CONTINUING WITH OPTIONAL QUESTIONS, COMPLETE LAST 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 care 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

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	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
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	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
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	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
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	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