Form Approved
OMB No. 0920-0978
Expires: xx/xx/xxxx

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-____ Surveillance Officer Initials ____

CANDIDEMIA 2020 CASE REPORT FORM

Patient name: _____ (Last, First, MI)

Address: _____ (Number, Street, Apt. No.)

_____ (City, State) _____ (Zip Code)

Medical Record No.: _____

Hospital: _____

Acc No. (incident isolate): _____

Acc No. (subseq isolate): _____

Phone no.: ( ) _____ - _____

Check if not a case: ☐

Reason not a case: ☐Out of catchment area ☐Duplicate entry ☐Not candidemia ☐Unable to verify address ☐Other (specify):_____

SURVEILLANCE OFFICER INFORMATION

1. Date reported to EIP site:
__ __ - __ __ - __ __ __ __

2. Date review completed:
__ __ - __ __ - __ __ __ __

3. Was case first identified through audit?
1 ☐Yes 0 ☐No

4. Isolate available?
1 ☐Yes 0 ☐No

5. Previous candidemia episode?
1 ☐Yes 0 ☐No 9 ☐Unknown

5a. If yes, enter state IDs: ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐ ☐☐☐☐☐☐☐☐

6. CRF status:
1 ☐Complete
2 ☐Pending
3 ☐Chart unavailable

7. SO's initials:
_____

DEMOGRAPHICS

8. State ID: ☐☐☐☐☐☐☐☐ **10. State:** _____ **11. County:** _____

9. Patient ID: _____

12. Lab ID where positive culture was identified: _____

13. Date of birth (*mm-dd-yyyy*)**:**
__ __ - __ __ - __ __ __ __

14. Age:
_____ 1 ☐days 2 ☐mos 3 ☐yrs

15. Sex:
☐Male ☐Female ☐Check if transgender

16. Weight:
_____ **lbs.** _____ **oz. OR**
_____**kg** ☐ Unknown

17. Height:
_____ **ft.** _____ **in. OR**
_____**cm** ☐ Unknown

18. BMI: (record only if ht. and/or wt. is not available)
_____ ☐ Unknown

19. Race *(check all that apply):*
☐American Indian/Alaska Native
☐Asian
☐Black/African American
☐Native Hawaiian/Pacific Islander
☐White
☐Unknown

20. Ethnic origin:
1 ☐Hispanic/Latino
2 ☐Not Hispanic/Latino
9 ☐Unknown

LABORATORY DATA

21. Date of Incident Specimen Collection (DISC) (*mm-dd-yyyy*): __ __ - __ __ - __ __ __ __

22. Location of Specimen Collection:

☐Hospital Inpatient
Facility ID: _____
☐ ICU
☐ Surgery/OR
☐ Radiology
☐ Other inpatient

☐ Outpatient
Facility ID: _____
☐ Emergency Room
☐ Clinic/Doctor's office
☐ Dialysis center
☐ Surgery
☐ Observational/clinical decision unit
☐ Other outpatient

☐ LTCF
Facility ID: _____
☐ LTACH
Facility ID: _____
☐ Autopsy
☐ Other (specify): _____
☐ Unknown

23. Incident Specimen Collection Site *(check all that apply):*
☐Blood, Central Line
☐Blood, Peripheral stick
☐Blood, not specified
☐Other (specify): _____
☐Unknown

24. *Candida* species from initial positive blood culture *(check all that apply):*
☐ *Candida albicans* (CA)
☐ *Candida glabrata* (CG)
☐ *Candida parapsilosis* (CP)
☐ *Candida tropicalis* (CT)
☐ *Candida dubliniensis* (CD)
☐ *Candida lusitaniae* (CL)
☐ *Candida krusei* (CK)
☐ *Candida guilliermondii* (CGM)
☐ *Candida*, other (CO) specify: _____
☐ *Candida*, germ tube negative/non albicans (CGN)
☐ *Candida* species (CS)
☐Pending

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

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

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 <u>90 days before or 30 days after</u> 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***
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐Pending
___ ___ - ___ ___ - ___ ___ ___ ___	☐CA ☐CG ☐CP ☐CT ☐CD ☐CL ☐CK ☐CGM ☐CO:_________ ☐CGN ☐CS ☐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)**

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

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

☐Abscess
- ☐Splenic
- ☐Liver
- ☐Pulmonary
- ☐Other (specify): _____

☐Candiduria

☐CNS involvement (meningitis, brain abscess)

☐Eyes (endophthalmitis or chorioretinitis)

☐Endocarditis

☐Peritonitis

☐Respiratory specimen with *Candida*

☐Septic emboli
- ☐Lungs
- ☐Brain

☐Osteomyelitis

☐Skin lesions

☐Other (specify): _____

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
Hospital ID: _____ ☐Unknown

Date of second transfer: ___ ___ - ___ ___ - ___ ___ ___ ___ ☐ Unknown
Hospital ID: _____ ☐Unknown

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

1 ☐Private residence
3 ☐LTCF
Facility ID: _____
4 ☐LTACH
Facility ID: _____
5 ☐Homeless
6 ☐Incarcerated
7 ☐Other (specify): _____
9 ☐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 ☐Not applicable (i.e. patient died, or not hospitalized)
1 ☐Private residence
2 ☐LTCF Facility ID: _____
3 ☐LTACH Facility ID: _____
5 ☐Other (specify): _____
6 ☐Homeless
7 ☐Incarcerated
9 ☐ 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**

☐ B37 (candidiasis)
- Specify sub-code: _____
- Specify sub-code: _____

☐ P37.5 (neonatal candidiasis)

☐ B48 (other mycoses, not classified elsewhere)

☐ B49 (unspecified mycoses)

☐ T80.211 (BSI due to central venous catheter)

☐ A41.9 (sepsis, unspecified organism)

☐ R65.2 (severe sepsis)

☐ Other *Candida*-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**

	Documented Use Disorder (DUD/Abuse):	**Mode of Delivery** *(Check all that apply):*
☐Marijuana (other than smoking)	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Opioid, DEA schedule I (e.g., Heroin)	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Opioid, DEA schedule II-IV (e.g., methadone, oxycodone)	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Opioid, NOS	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Cocaine	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Methamphetamine	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Other (specify): _____	☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
☐Unknown substance	☐DUD or abuse	☐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

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

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

Type: ☐ Hemodialysis ☐ Peritoneal

46a. If Hemodialysis, type of vascular access:

☐ AV fistula/graft ☐ Hemodialysis central line ☐ Unknown

47. Surgeries on the day of or in the 89 days before the DISC:

☐Abdominal surgery

☐Non-abdominal surgery (specify): _____

☐No surgery

48. Pancreatitis on the day of or in the 89 days before the DISC:

1 ☐Yes

0 ☐No

9 ☐Unknown

49. Chronic Urinary Tract Problems/Abnormalities:

1 ☐Yes 0 ☐No 9 ☐Unknown

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

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
- ☐Indwelling urethral
- ☐Suprapubic

☐Respiratory
- ☐ET/NT
- ☐Tracheostomy

☐Gastrointestinal
- ☐Abdominal drain (specify): _____
- ☐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

2 ☐Comfort care only measures were instituted

3 ☐Patient discharged before culture result available to clinician

4 ☐Medical records indicated culture result not clinically significant

5 ☐Other reason documented in medical records, specify: _____

6 ☐Patient refused treatment against medical advice

9 ☐Unknown

----------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)*
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ Treatment	
	__ __ - __ __ - __ __ __ __	☐	__ __ - __ __ - __ __ __ __	☐	☐ Prophylaxis ☐ 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**-----------------------------------

State ID: _____ Date of Incident Specimen Collection (*mm-dd-yyyy*): ___-___-_____ Surveillance Officer Initials _____

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 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
	1 ☐CA 2 ☐CG 3 ☐CP 4 ☐CT 5 ☐CD 6 ☐CL 7 ☐CK 8 ☐CGM 9 ☐CO 10 ☐CGN 11 ☐CS 12 ☐Pending	Amphotericin B		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Anidulafungin (Eraxis)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Caspofungin (Cancidas)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Fluconazole (Diflucan)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Flucytosine (5FC)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Itraconazole (Sporanox)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Micafungin (Mycamine)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Posaconazole (Noxafil)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND
		Voriconazole (Vfend)		☐S ☐SDD ☐I ☐R ☐NS ☐NI ☐ND

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

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