State ID: Date	of Incident Specime	n Collection (<i>mm-dd-yyyy</i>): _	Surveillan	ce Officer Initials
Form Approved OMB No. 092-0978	CANDII	DEMIA <mark>2021</mark> CASE REPOR	T FORM	
Patient name:		Medical Re	cord No.:	
(Last, First	, MI)			
Address:(Number, Street, Apt. No.)		· ·		
(Names) of each right hery		Acc No. (in	cident isolate):	
(City, State)	(Zip Code)	Acc No. (su	ubseq isolate):	
	Phone no.: ()		
Check if not a case:	······	<u></u>	·······	
Reason not a case: Out of catch	nment area	te entry Not candidemia Nu	Inable to verify address \text{Othe}	r (specify):
SURVEILLANCE OFFICER INFO	-	to only Enot sandaonia Eo	riable to verify address Eetile	(300011)1
	3. Was case first	E Dravious candidami	a anicada?	6. CRF status: 7. SO's
1. Date reported to EIP site:		5. Previous candidemi audit? 1 Yes 0 No 9 Un	a episode?	initials:
	1 □Yes 0 □No	Ties o Elito 4 Elon	KIIOWII	1 Complete
		5a. If yes, enter state		2 □Pending
2. Date review completed:	4. Isolate available	:? IDs:		3 □Chart
	1 ☐Yes 0 ☐No			unavailable
]
DEMOGRAPHICS				
8. State ID:	10. Stat	e: 1	I1. County:	
9. Patient ID:				
12. Lab ID where positive culture	e was identified:			
13. Date of birth (mm-dd-yyyy):	14. Age:		15. Sex:	
		1 days 2 mos 3 yrs	Male □Female	☐Check if transgender
16. Weight: oz. OF	17. Heigh	nt: ft in. OR	18. BMI: (record onl available)	y if ht. and/or wt. is not
kg Unknown		cm Unknown		Unknown
19. Race (check all that apply):	L		20. Ethnic origin:	
☐American Indian/Alaska Native	□Native	-lawaijan/Pacific Islander	1 ☐Hispanic/Latino	
□Asian	□White		2 □Not Hispanic/Latin	0
☐Black/African American	□Unknov	ID.	9 ☐Unknown	•
)	9 DOTKHOWN	
LABORATORY DATA 21. Date of Incident Specimen Co	ollection (DISC) (m	m-dd-ywyd:		
22. Location of Specimen Collect				
☐Hospital Inpatient	☐ Outpatient		LTCF	
Facility ID:	Facility ID:		Facility ID:	
	☐ Emergency		LTACH	
Surgery/OR	☐ Clinic/Doct		Facility ID:	
Radiology	☐ Dialysis cei		☐ Autopsy	
Other inpatient	☐ Surgery		Other (specify):	
		nal/clinical decision unit	Unknown	
	☐ Other outp	atient		
23. Incident Specimen Collection (check all that apply):	Site	24. Candida species fro	m initial positive blood cultu	re (check all that apply):
Blood, Central Line		☐ Candida albicans (CA)	☐ Candida krusei (Ck	$\langle \rangle$
Blood, Peripheral stick		☐ Candida glabrata (CG)	☐ Candida guilliermo	
Blood, not specified		☐ Candida giabrata (CC)		O) specify:
		☐ Candida tropicalis (CT)		be negative/non albicans (CGN)
Other (specify):		☐ Candida dubliniensis (C		=
Unknown		☐ Candida lusitaniae (CL)		,

Public reporting burden of this collection of information is estimated to average 40 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30329; ATTN: PRA (0920-0978).

tifungal susceptibi	lity testina (che	ck here	if no	testing	done/i	no test	reports	availah	le):					
Date of culture	Species		Drug			MIC				ntern	retation	on		
	Сросия	A	mphoter					□s	□SDD	ı	□R	□NI	□ND	
	1 □CA	Anidı	ulafungir	ı (Eraxis))			□s	□SDD		□R	□NI	□ND	
	2 □CG 3 □CP			Cancidas				□s	□SDD		□R	□NI	□ND	
	4 □CT 5 □CD 6 □CL 7 □CK 8 □CGM			[Diflucan]				□s	□SDD		□R	□NI	□ND	
			ıcytosine					□s	□SDD		□R	□NI	□ND	
				Sporano	x)			□s	□SDD	I	□R	□NI	□ND	
	9			lycamine				□s	□SDD		□R	□NI	□ND	
	11 □CS 12 □Pending			(Noxafil				□s	□SDD	I	□R	□NI	□ND	
		Vorio	conazole	(Vfend)				□s	□SDD	I	□R	□NI	□ND	
		A	mphoter	icin B				□s	□SDD	I	□R	□NI	□ND	
	1 □CA	Anidu	ulafungir	n (Eraxis))			□s	□SDD		□R	□NI	□ND	
	2 □CG 3 □CP	Caspo	ofungin (Cancidas	s)			□s	□SDD		□R	□NI	□ND	
	4 □CT 5 □CD	Fluco	nazole ([Diflucan])			□s	□SDD	I	□R	□NI	□ND	
	6 □CL	Flu	ıcytosine	(5FC)				□s	□SDD	I	□R	□NI	□ND	
	7 □CK 8 □CGM	Itraco	nazole (Sporano	x)			□s	□SDD	I	□R	□NI	□ND	
	9	Micaf	ungin (N	lycamine	:)			□s	□SDD	П	□R	□NI	□ND	
	11 □CS 12 □Pending	Posad	conazole	(Noxafil)			□s	□SDD	П	□R	□NI	□ND	
		Vorio	conazole	(Vfend)				□s	□SDD	П	□R	□NI	□ND	
y subsequent posi	tivo Candida blor	ad cultur	roe in ti	20 d	ave afte	r not i	acludin	a the Di	SC2 1	Пуо	· 0 [INO OF	Julnknov	/n
yes, provide dates of					_			_	30: 1	□ те:	s u <u> </u>	INO 9 L		VII
)rawn (<i>mm-dd-yyyy</i>)		s identii		ou ountu	. oo ama		о ороск							
		□cg	□ср	□ст	□cd	□cl	□ск	□cgw	ı 🗆co):		□cgn	□cs	□Per
		□cg	□ср	□ст	□cd	□cl	□ск	□cgw	ı 🗆co):		□cgn	□cs	□Per
		□cg	□ср	□ст	□cd	□cl	□ск	□cgM):		□cgn	□cs	□Per
		□cg	□СР	□ст	□CD	□cl	□ск	□CGM	_			□cgn	□cs	□Per
a additional MIC :														
h additional MIC pag Candida species (if n					. II OIM OI	iginal),	11 d110[]	nei <i>c. yli</i>	aviată (6	ven n	origin	ai was C	. yıavı a	uaj, Or
cumented negativen culture were po										nich n	o bloc	d cultur	es after	this
yes, date of negative		_				~	- '⊔	IOVVI	-					
the day of or in th	e 6 days before	the DIS	C, was t	the pati	ent kno									
zed with a multi-dr Yes 0 No 9	ug resistant org													
yes, specify organism		athogens	s):											
ersion: Short Form				Lactilla	dated: <mark>C</mark>	7/21/20	120						Page	.

State ID: Dat	e of Incident Specime	n Collection (mm-	-dd-yyyy):	Surveillance Officer Init	ials			
29. Additional non-Candida org	ganisms isolated from	blood cultures on	the day of or in the	days before the DISC:				
1 ☐Yes 0 ☐No 9 ☐Unkno	wn							
29a. If yes, additional organisms (<i>Enter up to 3 pathogens</i>):,,,,								
30. Infection with Clostridioide	es difficile on the day of	of or in the 89 day	s before or 29 days a	fter the DISC:				
1 □Yes 0 □No 9 □	Unknown							
30a. If yes, date of first <i>C. diff</i> diag	ınosis: -	-	Unknown					
31. Did the patient have any of	<u> </u>		_	r Candida infection? (check all tha	at apply):			
∐None ∐Unknown								
Abdominal	Candiduria	□Pulmonary		☐ Endocarditis				
Hepatobiliary or pancreatic	Esophagitis	Abcess		Septic emboli (specify loca	tion):			
GI tract	Oral/thrush		ecimen with <i>Candida</i>	Other (specify):				
Abscess (specify):	-		nt (meningitis, brain					
Peritonitis/peritoneal fluid	Skin lesions/wounds			.				
Splenic		LEyes (endophti	halmitis or chorioretinitis	<u>5)</u>				
MEDICAL ENCOUNTERS								
32. Was the patient hospitalize	ed on the day of or in t	he 6 days after th	e DISC? 1 ☐ Yes	0 □No 9 □Unknown				
32a. If yes, Date of first admission:		Unknowi	n					
Hospital ID:	Unkno	own						
32b. Was the patient transferred of	•	?						
	IOWII							
If yes, enter up to two transfers:								
Date of transfer:				-	☐ Unknown			
Hospital ID:	Unknown	HOS	pital ID:	Unknown				
32 <mark>c</mark> . Where was the patient locate DISC? (<i>Check one</i>)	ed prior to admission <mark>or</mark>	, if not hospitalized	, where was the patie	nt located on the 3rd calendar day	before the			
1 ☐Private residence	4 □LT.	ACH		6 ☐Incarcerated				
2 Hospital inpatient	Fa	cility ID:		7 ☐ Other (specify):				
Facility ID:	5 □Ha	maless		9 □Unknown				
3 □LTCF	3 <u></u>	11161633		7 DITKHOWII				
Facility ID:								
33. Was the patient in an ICU i	n the 14 days before,	not including the	DISC?					
1 □Yes 0 □No 9 □Unk	known							
34. Was the patient in an ICU of	on the day of incident	specimen collection	on or in the 13 days a	fter the DISC?				
1 □Yes 0 □No 9 □Unk	known							
35. Patient outcome: 1 ☐ Surv	ived 9 Unknown		2 Died					
Date of discharge:			Date of death:					
	Unknown			Unknown				
	-							
Left against medical advice (A	AIVIA)							
35a. Discharged to:	-	Other (on take)						
0 ☐Not applicable (i.e. patient die	a, or not nospitalized)	_						
1 ☐Private residence		Homeless						
2 LTCF Facility ID:		☐ Incarcerated						
3 LTACH Facility ID:	9	Unknown						

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State ID: Date	e of Incident Specimen Colle	ection (<i>mm-dd-yyyy</i>):	Surveillance Officer Initia	als		
36. Did the patient have any of (<i>Check all that apply</i>): □None		ecific ICD-10 codes, includin	g any sub-codes for this hospitalizatio	on?		
B37 (candidiasis)	☐ B48 (othe	r mycoses, not classified elsewh	nere) A41.9 (sepsis, unspecified orga	nism)		
Specify sub-code:	B49 (unsp	ecified mycoses)	R65.2 (severe sepsis)			
Specify sub-code:	T80.211 (BSI due to central venous cathe	eter)			
P37.5 (neonatal candidiasis)			Specify code:			
37. Previous Hospitalization in	the <u>90 days before,</u> not incl	uding the DISC: 1 ☐Yes	0 □No 9 □Unknown			
37a. If yes, date of discharge:		Unknown				
Facility ID:						
38. Overnight stay in LTACH in Facility ID:	the <u>90 days before,</u> not inc	luding the DISC: 1 ☐Yes	0 □No 9 □Unknown			
39. Overnight stay in LTCF in the Facility ID:	he <u>90 days before,</u> not inclu	iding the DISC: 1 ☐Yes 0	□No 9 □Unknown			
UNDERLYING CONDITIONS						
40. Underlying conditions (Ch	neck all that apply): \square N	one Unknown				
Chronic Lung Disease	Liver Disease		☐Plegias/Paralysis			
Cystic Fibrosis	☐Chronic Liver	Disease	Hemiplegia			
Chronic Pulmonary disease	∐Ascites		☐ Paraplegia			
Chronic Metabolic Disease	☐ Cirrhosis	onholonothy	Quadriplegia			
☐ Diabetes Mellitus ☐ With Chronic Complications	☐Hepatic Enc ☐Variceal Ble	-	☐ Renal Disease ☐ Chronic Kidney Disease			
Cardiovascular Disease	□ varicear ble □ Hepatitis B,		Lowest serum creatinine:	mg/DL		
CVA/Stroke/TIA	☐Hepatitis C	CHIOTIC	Unknown or not done	ng/bL		
☐Congenital Heart disease	☐Treated, in	SVR	☐Skin Condition			
☐Congestive Heart Failure	☐Current, chr		 □Burn			
☐Myocardial infarction	□ Hepatitis B, a	<mark>cute</mark>	☐Decubitus/Pressure Ulcer			
☐Peripheral Vascular Disease (PV	(D) Malignancy		Surgical Wound			
☐ Gastrointestinal Disease	☐Malignancy, F	Hematologic	Other chronic ulcer or chronic woun	nd		
☐Diverticular disease	☐Malignancy, S	Solid Organ (non-metastatic)	Other (specify):			
☐Inflammatory Bowel Disease	☐Malignancy, S	Solid Organ (metastatic)	☐ Other			
Peptic Ulcer Disease	Neurologic C		Connective tissue disease			
☐Short gut syndrome	Cerebral pals		Obesity or morbid obesity			
Immunocompromised Condit		itive Deficit	□Pregnant			
HIV infection	☐Dementia	, , , , , , , , , , , , , , , , , , ,				
□AIDS/CD4 count <200		ure/seizure disorder				
☐ Primary Immunodeficiency ☐ Transplant, Hematopoietic Stem	☐Multiple scler n Cell ☐Neuropathy	USIS				
☐ Transplant, Solid Organ	Parkinson's d	icasca				
Transplant, 30lid Organ	Other (specify					
SOCIAL HISTORY		<i>y</i> :				
41. Smoking (Check all that apply,	<i>):</i>	42. Alcohol Abuse:				
□None	Tobacco	1 □Yes				
Unknown	☐E-nicotine delivery system	0 □No				
Olikilowii	□Marijuana	9 □Unknown				
43. Other Substances (Check all	that apply):	Unknown				
	<u>Documented</u>	Use Disorder (DUD/Abuse):	Mode of Delivery (Check all that apply)) <i>:</i>		
☐Marijuana (other than smoking)		□DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐	Unknown		
☐Opioid, DEA schedule I (e.g., Her	roin)	☐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		Unknown		
☐ Cocaine		☐DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐	Unknown		
•						

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State ID: Date of Incident Specimen Collect	ction (<i>mm-dd-yyyy</i>): Surveilla	ance Officer Initials
Methamphetamine	□DUD or abuse □IDU □Skin poppii	ng Non-IDU Unknown
Other (specify):	□DUD or abuse □IDU □Skin poppii	9
Unknown substance		ng Non-IDU Unknown
44. During the current hospitalization, did the patient receive	ve medication-assisted treatment (MAT) for opio	oid use disorder?
1 ☐ Yes 0 ☐ No 8 ☐ N/A (patient not hospitalized or	·	
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 ☐ Unknow	n 46a. If Hemodialysis, type of vascular access:	
Type: Hemodialysis Peritoneal	☐ AV fistula/graft ☐ Hemodialysis central	line 🗌 Unknown
47. Surgeries in the 90 days before, not including the DISC	: 48. Pancreatitis in the 90 days before, not	including the DISC:
Abdominal surgery (specify):	1 □Yes	
If yes: 1 ☐ Open abdomen 0 ☐ Laparoscopic 9 ☐ Unknow	<mark>⁄n</mark> 0 □No	
Non-abdominal surgery (specify):	9 ☐Unknown	
□No surgery		
49. Chronic Urinary Tract Problems/Abnormalities:	49a. If yes, did the patient have any urinal days before, not including the DISC?	ry tract procedures in the 90
1 □Yes 0 □No 9 □Unknown	1 ☐Yes 0 ☐No 9 ☐Unknown	
50. Was the patient neutropenic in the 2 calendar days before		
1 Yes 0 No 9 Unknown (no WBC days -2 or 0, or 1	•	
51. Did the patient have a CVC in the 2 calendar days before		
1 ☐Yes 2 ☐No 3 ☐Had CVC but can't find dates 9 ☐		
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 po	orts Other (specify):	
	erted central catheter (PICC) Unknown	
51b. Were all CVCs removed or changed on the day of or in the 6 d.		
1 ☐ Yes 3 ☐ CVC removed, but can't fir 2 ☐ No 5 ☐ Died or discharged before		1
52. Did the patient have a midline catheter in the 2 calenda	,	
1 □Yes 0 □No 9 □Unknown	3	
53. Did the patient have any of the following indwelling dev DISC? None Unknown	vices <mark>or other devices</mark> present in the 2 calendar o	days before, not including the
Urinary Catheter/Device Respiratory	☐Gastrointestinal	
☐Indwelling urethral ☐ET/NT		in (specify):
□ Suprapubic □ Tracheos	stomy ☐Gastrostomy mechanical ventilation	
	mechanical ventuation	
MEDICATIONS 54. Did the patient receive systemic antibacterial medicatio	on in the 14 days before not including the DISC?)
1 □Yes 0 □No 9 □Unknown	in the 14 days before, not including the biso:	
55. Did the patient receive any systemic steroids in the 30 c	days before, not including the DISC?	
1 ☐Yes 0 ☐No 9 ☐Unknown		
56. Did the patient receive total parenteral nutrition (TPN) in 1 □ Yes 0 □ No 9 □ Unknown	in the 14 days before, not including the DISC?	
57. Did the patient receive systemic antifungal medication of	on the day of or in the 13 days before the DISCS	
1 ☐ Yes (if Yes, fill out question 60) 0 ☐ No 9 ☐ Unknow		
58. Was the patient administered systemic antifungal medic		
1 ☐Yes (if Yes, fill out question 60) 0 ☐No 9 ☐Unknow	_	
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State ID: Date of Incident Spe	ecimen Collection (mm-dd-yyyy): Surveillance Officer Initials
59. If antifungal medication was not given to tro	reat current candidemia infection, what was the reason?
1 ☐Patient died before culture result available to clini	icians 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 clinical contaminated	ally significant or
IF ANY ANTIFU	UNGAL MEDICATION WAS GIVEN, COMPLETE NEXT PAGE
OTHER	
61. Does the chart indicate that the incident speinfection?	ecimen was considered a contaminant or was considered to not be indicative of true of
1 ☐Yes 0 ☐No 9 ☐Unknown	
62. Was the patient under the care of an infection	ious disease physician on the day of the DISC or within the 6 days after the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown	
COVID-19 QUESTIONS	
1. Did the patient have a positive SARS-CoV-2 to collected in the 30 days before the DISC or on the collected in the 30 days before the DISC or on the collected in the 30 days before the DISC or on the collected in the collecte	test result (molecular assay, serology, or other confirmatory test) from a specimen the DISC?
1 ☐Yes 0 ☐No 9 ☐Unknown	
1a. If yes, date of specimen collection for initial	Il positive SARS-CoV-2 test:
Date: 9 Date Unkr	
1b. If yes, EIP COVID-NET Case ID:	
-	ventilation in the 30 days before the DISC, not including the DISC?
1 Yes 0 No 9 Unknown	
3. Did the patient receive dialysis or renal repla1 ☐ Yes 0 ☐ No 9 ☐ Unknown	acement therapy (RRT) in the 30 days before the DISC, not including the DISC?
4. If patient received any systemic steroids in t scenarios true? (check all that apply)	the 30 days before the DISC (question 55), not including the DISC, are any of the following
Steroid(s) given as an outpatient medication	
☐ Steroid(s) given during hospitalization associ	ciated with candidemia episode prior to Candida DISC
	immunomodulatory drugs in the 30 days before the DISC, not including the DISC?
□None □Tocilizumab □Sarilumab	Baricitinib
	6-CoV-2 test), were any of the immunomodulatory drugs given as part of treatment/management for
1 ☐Yes 0 ☐No 9 ☐Unknow	<mark>vn</mark>

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photericin – elcet, AmBio: dulafungin (pofungin (C	ons (<u>NOTE:</u> Please use abbreviation any IV formulation (Amphotec, Amphoci some, etc.)=AMBIV Eraxis)=ANF ancidas)=CAS	I, Fungizone, Flu Flu Is. Itr	data): uconazole (Diflucan)=FLC ucytosine (5FC)=5FC avuconazole (cresemba)=ISU raconazole (Sporanox)=ITC icafungin (Mycamine)=MFG	Po UI	ther=OTH osaconazole (Noxafil)=PSC NKNOWN DRUG=UNK oriconazole (Vfend)=VRC	
a. Drug Abbrev	GAL MEDICATION 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 stoppir (if applicable)*
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
leasons for steath; (6) other	r; (7) no additional records/lost to follow-u	o; (8) not applicabl	nent; (2) started on different antifungal; (3) le, no therapy given; and (9) unknown.		(4) withdrawal of care/transition	to comfort care only; (5)

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State ID:	D: Date of Incident Specimen Collection (mm-dd-yyyy): Surveillance Officer Initials							
		AFCT was all to form	- 1.1111 1.4	2				
mtifi maal arraamti	hility tooting (ah	AFST results for						
Date of culture	Species	eck here 🗌 if no testing do Drug	MIC	Interpretation				
Date of culture	1 DCA	Amphotericin B	IVIIC					
	2 □CG	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	3 □CP	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	4 □CT 5 □CD	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	6 □CL	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	7 □CK 8 □CGM	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
	9	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	10 □CGN 11 □CS	Posaconazole (Noxafil)		□S □SDD □I □R □NI □ND				
	12 Pending	Voriconazole (Vfend)		□S □SDD □I □R □NI □ND				
	1 □04	Amphotericin B		□S □SDD □I □R □NI □ND				
	1 □CA 2 □CG	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	3 □CP	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	4 □CT 5 □CD	Fluconazole (Diflucan)		□s □sdd □i □r □ni □nd				
	6 □CL	Flucytosine (5FC)		□s □sdd □i □r □ni □nd				
	7 □CK 8 □CGM	Itraconazole (Sporanox)		□s □sdd □i □r □ni □nd				
	9	Micafungin (Mycamine)		□s □sdd □i □r □ni □nd				
	10 □CGN 11 □CS	Posaconazole (Noxafil)		□s □sdd □i □r □ni □nd				
	11 ☐CS 12 ☐Pending	Voriconazole (Vfend)		□s □sdd □i □r □ni □nd				
ntifungal suscepti	bility testing (che	eck here \square if no testing d	one/no test re	ports available):				
Date of culture	Species	Drug	MIC	Interpretation				
	1	Amphotericin B		□S □SDD □I □R □NI □ND				
	2 □CG 3 □CP	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	4 □CT	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	5 □CD	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	6 □CL 7 □CK	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	8 □сым	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
	9	Micafungin (Mycamine)		□S □SDD □I □R □NI □ND				
	11 □cs	Posaconazole (Noxafil)		□S □SDD □I □R □NI □ND				
	12 Pending	Voriconazole (Vfend)		□s □sdd □i □r □ni □nd				
	1	Amphotericin B		□s □sdd □i □r □ni □nd				
	2	Anidulafungin (Eraxis)		□s □sdd □i □r □ni □nd				
	3 □CP 4 □CT	Caspofungin (Cancidas)		□s □sdd □i □r □ni □nd				
	5	Fluconazole (Diflucan)		□s □sdd □i □r □ni □nd				
	6 □CL 7 □CK	Flucytosine (5FC)		□s □sdd □i □r □ni □nd				
	7 □CK 8 □CGM	Itraconazole (Sporanox)		□s □sdd □i □r □ni □nd				
	9 □CO	Micafungin (Mycamine)		□s □sdd □i □r □ni □nd				
	10 □CGN 11 □CS	Posaconazole (Noxafil)		□s □sdd □i □r □ni □nd				
	12 Pending	Voriconazole (Vfend)		□s □sdd □i □r □ni □nd				