State ID: Date of Incid	dent Specimen Collecti	on ( <i>mm-dd-yyyy</i> ):	Surveilland	e Officer Initials	
Form Approved OMB No. 092-0978	CANDIDEMIA 2	022 CASE REPORT	FORM		
Patient name:		Medical Reco	ord No.:		
(Last, First, MI)					
Address:(Number, Street, Apt. No.)					
<u> </u>		•	ident isolate):		
(City, State)	(Zip Code)	Acc No. (sub	oseq isolate):		
Address type: 1 ☐ Residential 2 ☐ Post office 3 ☐ Long-t	term care facility 4 🗆 Co	orrections 5 Military	6 Homeless 7 Mother 8	□Insufficient 0 □	Missing
Phone no.: ( )	-	or cellons 5lwiintary	o Infinitional 7 Infinite of	Insuricent 7	
Check if not a case: □					
Reason not a case: Out of catchment a	rea Dunlicate entry C	Not candidemia □Ur	nable to verify address \( \square\)Other	(specify):	
SURVEILLANCE OFFICER INFORMATI	•		lable to verify address.	(Specify)	
1. Date reported to EIP site: 3. Was		Previous candidemia ☐Yes 0 ☐No 9 ☐Unk	episode? nown	6. CRF status: 1 □Complete	7. SO's initials:
2. Date review completed: 4. Isol	5a.	If yes, enter state		2 □Pending 3 □Chart	
z. Bato rotion completed.	s 0 No			unavailable	
DEMOGRAPHICS		i.			
8. State ID:	10. State:	1 <sup>-</sup>	1. County:		
9. Patient ID:					
12. Lab ID where positive culture was i	dentified:				
13. Date of birth (mm-dd-yyyy):	14. Age:		15. Sex:		
		lays 2 □mos 3 □yrs	☐Male ☐Female [	Theck if transgend	· Ior
4 Mainh		ays 2 🗆 IIIOS 3 🗆 yis		<del>_</del>	
16. Weight: oz. OR	17. Height: ft	in. OR	18. BMI: (record only available)	ii nt. and/or wt.	is not
		$\neg$	,	Unknown	
kg	cm	Unknown		UIKIIOWII	
19. Race (check all that apply):			20. Ethnic origin:		
☐American Indian/Alaska Native	☐Native Hawaiian/P —	acific Islander	1 □Hispanic/Latino		
Asian	∐White —		2 Not Hispanic/Latino	)	
Black/African American	□Unknown		9 □Unknown		
LABORATORY DATA					
21. Date of Incident Specimen Collection	n (DISC) (mm-dd-yyyy)	:			
22. Location of Specimen Collection:					
☐Hospital Inpatient ☐	Outpatient		LTCF		
Facility ID:	Facility ID:		Facility ID:		
☐ ICU	Emergency Room		LTACH		
Surgery/OR	Clinic/Doctor's office		Facility ID:		
☐ Radiology ☐ Other inpatient	<ul><li>☐ Dialysis center</li><li>☐ Surgery</li></ul>		☐ Autopsy ☐ Other (specify):		
Other impatient	☐ Observational/clinical	decision unit	Unknown		_
	Other outpatient	Elonoron with			
23. Incident Specimen Collection Site		Candida species fron	n initial positive blood cultur	e (check all that an	ply):
(check all that apply):	Γ"			(	97

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).

State I	D:	Date of Incide	ent Specimen Collection ( <i>mm-dd-yyyy</i> ): _				y):	Surveillance Officer Initials							
□Blood □Blood □Othe □Unkn			□ Car. □ Car. □ Car. □ Car.			ndida gla ndida pa ndida tro ndida du ndida lus	bicans (C abrata (C arapsilos opicalis ( ubliniens sitaniae	CG) is (CP) CT) is (CD) (CL)	☐ Candida guilliermondii (CGM)  CP) ☐ Candida, other (CO) specify:  Candida, germ tube negative/non albicans (CCC)  ☐ Candida species (CS)						
25. Ant	ifungal susceptibi	ility testing (chec	k here	if no	testing	done/	no test	reports	s availab	le):					
	Date of culture	Species		Drug	l		MIC					retati			
			Am	nphoter	icin B				□s	□SDD	<u></u>	□R	□NI	□ND	
		1 □CA 2 □CG	Anidul	afungin	(Eraxis	)			□s	□SDD		□R	□NI	□ND	
		3 □CP 4 □CT	Caspofi	ungin (	Cancidas	s)			□s	□SDD		□R	□NI	□ND	
		5 □CD	Flucon	iazole (	Diflucan	)			□s	□SDD		□R	□NI	□ND	
		6 □CL 7 □CK	Fluc	ytosine	(5FC)				□s	□SDD	П	□R	□NI	□ND	
		8 □CGM 9 □CO	Itracon	azole (S	Sporano	x)			□s	□SDD		□R	□NI	$\square$ ND	
		10 □CGN	Micafur	ngin (M	ycamine	:)			□s	□SDD		□R	□NI	□ND	
		11 □CS 12 □Pending	Posaco	onazole	(Noxafi	)			□s	□SDD	П	□R	□NI	□ND	
				Voriconazole (Vfend)					□s	□SDD		□R	□NI	□ND	
			Am	nphoter	icin B				□s	□SDD	П	□R	□NI	□ND	
		1	Anidula	afungin	(Eraxis	)			□s	□SDD	П	□R	□NI	□ND	
		2 □CG 3 □CP	Caspofi	ungin (	Cancidas	s)			□s	□SDD	П	□R	□NI	□ND	
		4 □CT 5 □CD	Flucon	nazole (	Diflucan	)			□s	□SDD	П	□R	□NI	□ND	
		6 □CL	Fluc	ytosine	(5FC)				□s	□SDD		□R	□NI	□ND	
		7 □CK 8 □CGM	Itracon	azole (S	Sporano	x)			□s	□SDD		□R	□NI	□ND	
		9	Micafur	ngin (M	ycamine	e)			□s	□SDD		□R	□NI	□ND	
		11 □CS 12 □Pending	Posaco	onazole	(Noxafi	)			□s	□SDD		□R	□NI	□ND	
			Vorico	onazole	(Vfend)				□s	□SDD		□R	□NI	□ND	
26 Any	. Any subsequent positive Candida blood cultures in the 29 days after, not including the DISC? 1 Yes 0 No 9 Unknown							/n							
	es, provide dates of					_			_			_			•••
Date Dr	rawn ( <i>mm-dd-yyyy</i> )	Specie	s identifi	ed*				·							
			□cg	□СР	□ст	□CD	□cl	□ск	□cgw	ı □co	:		□CGN	□cs	Pending
			□cg	□ср	□ст	□cd	□cl	□ск	□cgw	ı □co	:		□cgn	□cs	Pending
				□СР	□ст	□CD	□cl	□ск					□cgn	□cs	Pending
				□СР	□ст	□CD	□CL	□cк □ск					□cgn	□cs	Pending
*Attach	additional MIC pa														_ 0
	andida species (if n					. II OIN O	rigiriai),	, 11 anot	nei c. yh	aviata (e	venn	origir	iai Was C	. yıavı a	iaj, UI II
27. Documented negative <i>Candida</i> blood culture on the day of or in the 29 days after the DISC (in which no blood cultures after this negative culture were positive in the 29 days after the DISC)? 1 Yes 0 No 9 Unknown															

Last Updated: 07/21/2020

Page **2** of **8** 

Version: Short Form 2021

State ID: Da	ate of Incident Specimer	Collection	(mm-dd-yyyy):	Surveillance Officer I	nitials				
27a. If yes, date of negative blood culture:									
28. On the day of or in the 6 ocolonized with a multi-drug r	esistant organism (MDR								
28a. If yes, specify organisms (E.	nter up to 3 pathogens): _								
29. Additional non-Candida o	rganisms isolated from l	olood cultur	es on the day of or in the 6	days before the DISC:					
1 □Yes 0 □No 9 □Unkr	nown								
29a. If yes, additional organisms	(Enter up to 3 pathogens):				_				
30. Infection with Clostridio	des difficile on the day o	f or in the 8	9 days before or 29 days af	ter the DISC:					
1	Unknown								
30a. If yes, date of first <i>C. diff</i> di	agnosis:		Unknown						
31. Did the patient have any	of the following types of	f infection/o	colonization related to their	Candida infection? (check all	that apply):				
□None □Unknown				(*******					
□Abdominal	Candiduria	Pulmona	ry	☐ Endocarditis					
☐Hepatobiliary or pancreatic	☐ Esophagitis	Absces	SS	Septic emboli (specify lo	ocation):				
☐GI tract	☐Oral/thrush	Respir	atory specimen with <i>Candida</i>	Other (specify):					
Abscess (specify):	_ Osteomyelitis	□CNS invo	olvement (meningitis, brain						
☐Peritonitis/peritoneal fluid	☐Skin lesions/wounds	abscess)							
□Splenic		□Eyes (en	dophthalmitis or chorioretinitis)	)					
MEDICAL ENCOUNTERS									
32. Was the patient hospitali	zed on the day of or in the	ne 6 days af	ter the DISC? 1 ☐ Yes	0 □No 9 □Unknown					
32a. If yes, Date of first admission:			nknown						
Hospital ID:	Unkno	wn							
32b. Was the patient transferred		?							
If yes, enter up to two transfers:									
Date of transfer:	[	Unknown	Date of second transfer:		_ Unknown				
Hospital ID:	Unknown		Hospital ID:	Unknown					
32c. Where was the patient loca DISC? ( <i>Check one</i> )	ted prior to admission or,	if not hospi	talized, where was the patien	t located on the 3rd calendar o	lay before the				
1 ☐ Private residence	4 □LTA	ACH		6 Incarcerated					
2 Hospital inpatient	Fac	cility ID:		7 Other (specify):					
Facility ID:	5 ∐Hor	meless		9 □Unknown					
3 □LTCF	о <u>П</u> о.			, Ценкиени					
Facility ID:									
33. Was the patient in an ICL	in the 14 days before, r	not includin	g the DISC?						
1 □Yes 0 □No 9 □U	nknown								
34. Was the patient in an ICU	=	specimen co	llection or in the 13 days at	fter the DISC?					
1 □Yes 0 □No 9 □U	nknown								
35. Did the patient receive in		lation in the	a 30 days before the DISC, r	not including the DISC?					
1 □Yes 0 □No 9 □U	nknown								
36. Did the patient receive d	ialysis or renal replacem	ent therapy	(RRT) in the 30 days before	re the DISC, not including the	DISC?				
1 □Yes 0 □No 9 □U	nknown								
Version: Short Form 2021		last lind	ated: 07/21/2020		Page <b>3</b> of <b>8</b>				
v C. 3.011. 31101 t 1 01111 2021		Last Opu	acca. 01/21/2020		. upc <b>J</b> 01 <b>U</b>				

State ID:	Date of Ir	ncident Specimen Collec	tion ( <i>mm-dd-yyyy</i> ):	Surveillance Officer Initials	
37. Patient outcome: 1	Survived	9 Unknown	2 Died		
Date of discharge:			Date of death:		
	Г	Unknown		□Unknown	
Left against medical a			<del>-</del>	UINIOWII	
37a. Discharged to:					
_	Nort die de en e	5 □Other	(specify):		
0 ☐Not applicable (i.e. pa	tient died, or n	ot nospitalized) 6 🗌 Home	less		
1 ☐ Private residence		7 □Incard	cerated		
2 □LTCF Facility ID:		 0 □ linkn			
3 □LTACH Facility ID:		——	OWII		
		ollowing classes or spec Unknown	ific ICD-10 codes, including any	y sub-codes for this hospitalization?	
☐ B37 (candidiasis)		□ B48 (other r	mycoses, not classified elsewhere)	☐ A41.9 (sepsis, unspecified organism)	
Specify sub-code:		•		R65.2 (severe sepsis)	
Specify sub-code:			If due to central venous catheter)	Other Candida-related code	
Specify Sub-code		180.211 (B3	of due to central verious catheter)	Specify code:	
P37.5 (neonatal candid	asis)			Specify code.	
39. Previous Hospitaliza	ation in the 90	O days before, not include	ding the DISC: 1 ☐Yes 0 ☐N	o 9 Unknown	
39a. If yes, date of dischar		_	Unknown		
Facility ID:	_		Боличеми		
,					
40. Overnight stay in L <sup>*</sup> Facility ID:	_	od days before, not incit	ıding the DISC: 1 ☐Yes 0 ☐I	No 9 □Unknown	
Facility ID: UNDERLYING CONDIT 42. Underlying conditi	IONS	ll that apply): □Nor	ne		
☐Chronic Lung Disease	<b>:</b>	☐Liver Disease		Plegias/Paralysis	
Cystic Fibrosis		☐Chronic Liver D		☐Hemiplegia	
Chronic Pulmonary disc	ease	☐Ascites		Paraplegia	
☐Chronic Metabolic Dis	sease	☐ Cirrhosis		☐Quadriplegia	
☐Diabetes Mellitus		☐Hepatic Encep	, ,	Renal Disease	
With Chronic Complic		☐Variceal Bleed		Chronic Kidney Disease	
☐Cardiovascular Disea	se	☐Hepatitis B, ch	nronic	Lowest serum creatinine:	_mg/Dl
□CVA/Stroke/TIA		☐Hepatitis C	TD	Unknown or not done	
Congenital Heart disea		Treated, in SV	_	Skin Condition	
☐Congestive Heart Failu ☐Myocardial infarction	re	□Current, chror □Hepatitis B, acu		□Burn □Decubitus/Pressure Ulcer	
Peripheral Vascular Dis	ease (PVD)	☐ Malignancy		Surgical Wound	
☐ Gastrointestinal Dise		☐Malignancy, He		Other chronic ulcer or chronic wound	
☐ Diverticular disease			•	Other (specify):	
☐Inflammatory Bowel D	isease			Other	
Peptic Ulcer Disease		☐Neurologic Cor	_	Connective tissue disease	
Short gut syndrome		☐Cerebral palsy	_	Obesity or morbid obesity	
Immunocompromise	d Condition	Chronic Cogniti	ve Deficit	□Pregnant	
☐ HIV infection		Dementia			
□AIDS/CD4 count <20		☐Epilepsy/seizure			
Primary Immunodeficie	-	☐Multiple scleros	IS		
Transplant, Hematopo		□Neuropathy □Parkinson's dise	0250		
Transplant, Solid Orga	ı	Other (specify)			
SOCIAL HISTORY		Louisi (specify)			
43. Smoking (Check all to	hat apply):		44. Alcohol Abuse:		
Version: Short Form		Lact	Updated: 07/21/2020	Page <b>4</b> o	f <b>R</b>
V CI SIOII. SHOLL I UIII	2021	Lasi	opaulcu. 01/21/2020	rage 4 U	

State ID:	_ Date of Incident Specimen Collecti	ion ( <i>mm-dd-yyyy</i> ):	Surveillance Officer Initials
□None	Tobacco	1 □Yes	
Unknown	☐E-nicotine delivery system	0	
LIOTKHOWIT	 ☐Marijuana	9 Unknown	
		/ Le	
45. Other Substances (Ch	eck all that apply):   None U	nknown	
	Documented Us	e Disorder (DUD/Abuse	e): Mode of Delivery (Check all that apply):
☐Marijuana (other than smo	oking)	☐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):	<del></del>	DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
Unknown substance		DUD or abuse	☐IDU ☐Skin popping ☐Non-IDU ☐Unknown
46. During the current ho	spitalization, did the patient receive	medication-assisted tr	eatment (MAT) for opioid use disorder?
1 □Yes 0 □No	8 □N/A (patient not hospitalized or die	d not have DUD) 9	]Unknown
OTHER CONDITIONS			
47. For cases ≤ 1 year of	age: Gestational age at birth:	_ wks 9 □Unknown /	AND Birth weight: gms 9 Unknown
_	☐ Not on chronic dialysis ☐ Unknown	46a. If Hemodialysis, t	type of vascular access:
Type: Hemodialysis	Peritoneal	☐ AV fistula/graft	☐ Hemodialysis central line ☐ Unknown
49. Surgeries in the 90 da	ays before, not including the DISC:	50. Pancreatitis in t	he <u>90 days before, not including</u> the DISC:
☐Abdominal surgery (specif	y):	1 □Yes	
If yes: 1 ☐ Open abdom	en 0 □Laparoscopic 9 □Unknown	0 □No	
□Non-abdominal surgery (s	pecify):	9 □Unknown	
☐No surgery			
51. Chronic Urinary Tract	Problems/Abnormalities:	51a. If yes, did the days before, not inc	patient have any urinary tract procedures in the 90
1 □Yes 0 □No	9 □Unknown	1 □Yes 0 □No	9  Unknown
52 Was the natient neutr	ropenic in the 2 calendar days before		
-	Unknown (no WBC days -2 or 0, or no	_	<b>.</b>
	a CVC in the 2 calendar days before,		?
1	☐ Had CVC but can't find dates 9 ☐ Ur	nknown	
If yes, check here if cent	ral line in place for > 2 calendar days:	]	
53a. If yes, CVC type: (Check	k all that apply)		
□Non-tunneled CVCs	☐Implantable ports	S	Other (specify):
☐Tunneled CVCs	☐Peripherally inser	ted central catheter (PICC)	) Unknown
53b. Were all CVCs removed	or changed on the day of or in the 6 day	s after the DISC?	
1 □Yes	3 CVC removed, but can't find		9 □Unknown
2 No	5 Died or discharged before in a midline catheter in the 2 calendar of		
I · ·	Unknown	uays before, not includi	ing the bisc:
55. Did the patient have a DISC? None Unkn		es or other devices pre	sent in the 2 calendar days before, not including the
☐ Urinary Catheter/Device	Respiratory		☐Gastrointestinal
☐ Indwelling urethral	□ET/NT		Abdominal drain (specify):
Suprapubic	□Tracheosto	=	Gastrostomy
	∐Invasive m	nechanical ventilation	

Last Updated: 07/21/2020

Page **5** of **8** 

Version: Short Form 2021

State ID: Date of Incident Specimen Collection	on (mm-dd-yyyy): Surveillance Officer Initials
56. Did the patient have a positive SARS-CoV-2 test result (mo collected in the 90 days before the DISC or on the DISC?	olecular assay, serology, or other confirmatory test) from a specimen
1 □Yes 0 □No 9 □Unknown	
56a. If yes, date of specimen collection for initial positive SARS-CoV-2	test:
Date: 9   Date Unknown	
56b. If yes, EIP COVID-NET Case ID: 9  Unknow	n
57. Did the patient receive systemic antibacterial medication i	n the 14 days before, not including the DISC?
1 □Yes 0 □No 9 □Unknown	
58. Did the patient receive any systemic steroids in the 30 day	s before, not including the DISC?
1 □Yes 0 □No 9 □Unknown	
58a. If yes, what was the reason steroids were administered? (check a	ill that apply)
Steroid(s) given as an outpatient medication	
<ul> <li>☐ Steroid(s) given during hospitalization associated with candi</li> <li>☐ Steroid(s) given as part of treatment/management for COVI</li> </ul>	·
59. Did the patient receive total parenteral nutrition (TPN) in	the 14 days before, not including the DISC?
1 □Yes 0 □No 9 □Unknown	
60. Did the patient receive any of the following immunomodu all that apply)	latory drugs in the 30 days before the DISC, not including the DISC? (check
□None □Tocilizumab □Sarilumab □Baricitinib	□Unknown
60a. If yes were any of the immunomodulatory drugs given as part of 1 ☐ Yes 0 ☐ No 9 ☐ Unknown	of treatment/management for COVID-19?
61. 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 60) 0 ☐No 9 ☐Unknown	and day or or an and to days botton and brook
62. Was the patient administered systemic antifungal medicat	ion after, not including the DISC?
1 ☐Yes (if Yes, fill out question 60) 0 ☐No 9 ☐Unknown	
63. If antifungal medication was not given to treat current car	ndidemia 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 or contaminated	
	ATION WAS GIVEN, COMPLETE NEXT PAGE
OTHER	
	nsidered a contaminant or was considered to not be indicative of true of
1 □Yes 0 □No 9 □Unknown	
	ysician on the day of the DISC or within the 6 days after the DISC?
1 □Yes 0 □No 9 □Unknown	,

Version: Short Form 2021 Last Updated: 07/21/2020 Page **6** of **8** 

- ohotericin – Icet, AmBios dulafungin (I	ons ( <u>NOTE:</u> Please use abbreviation any IV formulation (Amphotec, Amphod some, etc.)=AMBIV Eraxis)=ANF ancidas)=CAS	il, Fungizone, Fl Fl Is It		Po UI	iher=OTH psaconazole (Noxafil)=PSC NKNOWN DRUG=UNK priconazole (Vfend)=VRC	
ANTIFUNG 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 stoppir (if applicable)*
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
					Prophylaxis Treatment	
easons for st ath; (6) othe	opping antifungal treatment include: (1) cor; (7) no additional records/lost to follow-u	ompletion of treatm p; (8) not applicab	nent; (2) started on different antifungal; (3) le, no therapy given; and (9) unknown.	hospital discharge;	(4) withdrawal of care/transition	n to comfort care only; (5)

State ID: \_\_\_\_\_\_ Date of Incident Specimen Collection (mm-dd-yyyy): \_\_\_-\_\_\_ Surveillance Officer Initials \_\_\_\_\_

Version: Short Form 2021 Last Updated: 07/21/2020 Page **7** of **8** 

State ID:	Date of In	ncident Specimen Collection	on ( <i>mm-dd-yy</i> y	/y):Surveillance Officer Initials				
		AFST results for	additional (	Candida isolates				
ntifungal susceptibility testing (check here  if no testing done/no test reports available):								
Date of culture	Species	Drug	MIC	Interpretation				
	1	Amphotericin B		□S □SDD □I □R □NI □ND				
	2 □CG	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				
	8 □CGM	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 □CG	Anidulafungin (Eraxis)		□S □SDD □I □R □NI □ND				
	3 □CP 4 □CT	Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	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				
Antifungal 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 □CA	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 6 □CL	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	7	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	8 □CGM 9 □CO	Itraconazole (Sporanox)		□S □SDD □I □R □NI □ND				
	10 □CGN	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 □CG 3 □CP 4 □CT	Anidulafungin (Eraxis)		□s □sdd □i □r □ni □nd				
		Caspofungin (Cancidas)		□S □SDD □I □R □NI □ND				
	5 □CD 6 □CL	Fluconazole (Diflucan)		□S □SDD □I □R □NI □ND				
	6 □CL 7 □CK	Flucytosine (5FC)		□S □SDD □I □R □NI □ND				
	8 GGM	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				

Version: Short Form 2021 Last Updated: 07/21/2020 Page **8** of **8**