

23. *Candida* species from initial positive blood culture (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> <i>Candida albicans</i> (CA) | <input type="checkbox"/> <i>Candida krusei</i> (CK) |
| <input type="checkbox"/> <i>Candida glabrata</i> (CG) | <input type="checkbox"/> <i>Candida guilliermondii</i> (CGM) |
| <input type="checkbox"/> <i>Candida parapsilosis</i> (CP) | <input type="checkbox"/> <i>Candida</i> , other (CO) specify: _____ |
| <input type="checkbox"/> <i>Candida tropicalis</i> (CT) | <input type="checkbox"/> <i>Candida</i> , germ tube negative/non albicans (CGN) |
| <input type="checkbox"/> <i>Candida dubliniensis</i> (CD) | <input type="checkbox"/> <i>Candida</i> species (CS) |
| <input type="checkbox"/> <i>Candida lusitanae</i> (CL) | <input type="checkbox"/> Pending |

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

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

25. Did the patient have a culture-independent diagnostic test (CIDT) for *Candida*, (e.g., T2), on the day of or in the 6 days before the DISC?

1 Yes 0 No 9 Unknown

25a. If yes, test type: _____

25b. Result: _____

26. Any subsequent positive *Candida* blood cultures in the 29 days after, not including the DISC? 1 Yes 0 No 9 Unknown

26a. 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)

27. Documented negative *Candida* 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

27a. If yes, date of negative blood culture: ____-____-____

28. On the day of or in the 6 days before the DISC, was the patient known to be colonized with or being managed as if they were colonized with a multi-drug resistant organism (MDRO) (e.g., on contact precautions)? MDROs include CRE, CRPA, CRAB, MRSA, and VRE.

1 Yes 0 No 9 Unknown

28a. If yes, specify organisms (Enter up to 3 pathogens): _____, _____, _____

29. 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

29a. If yes, additional organisms (Enter up to 3 pathogens): _____, _____, _____

30. Did the patient have any of the following types of infection related to their *Candida* infection? (check all that apply):

None Unknown

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Abdominal infection | <input type="checkbox"/> Urinary tract infection | <input type="checkbox"/> Pulmonary infection | <input type="checkbox"/> Endocarditis |
| <input type="checkbox"/> Hepatobiliary or pancreatic | <input type="checkbox"/> Esophagitis | <input type="checkbox"/> Abscess | <input type="checkbox"/> Septic emboli (specify location): _____ |
| <input type="checkbox"/> Abscess (specify): _____ | <input type="checkbox"/> Oral/thrush | <input type="checkbox"/> CNS infection(meningitis, brain abscess) | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> _____ Peritonitis/ | <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Eyes | |
| <input type="checkbox"/> peritoneal fluid Splenic | <input type="checkbox"/> Skin /wound infection | <input type="checkbox"/> Endophthalmitis | |
| | | <input type="checkbox"/> Chorioretinitis | |

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

31c. Where was the patient located prior to admission or, if not currently hospitalized, where was the patient located on the 3rd calendar day before the DISC? (Check one)

- | | | |
|---|-------------------------------------|---|
| 1 <input type="checkbox"/> Private residence | 4 <input type="checkbox"/> LTACH | 6 <input type="checkbox"/> Incarcerated |
| 2 <input type="checkbox"/> Hospital inpatient | Facility ID: _____ | 7 <input type="checkbox"/> Other (specify): _____ |
| Facility ID: _____ | 5 <input type="checkbox"/> Homeless | 9 <input type="checkbox"/> Unknown |
| 3 <input type="checkbox"/> LTCF | | |
| Facility ID: _____ | | |

32. Was the patient in an ICU in the 14 days before, not including the DISC?

1 Yes 0 No 9 Unknown

33. 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

34. Did the patient receive dialysis or renal replacement therapy (RRT) in the 30 days before the DISC, not including 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) 5 Other (specify): _____
 1 Private residence 6 Homeless
 2 LTCF Facility ID: _____ 7 Incarcerated
 3 LTACH Facility ID: _____ 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 Not applicable (i.e., patient not hospitalized)

- | | | |
|---|--|---|
| <input type="checkbox"/> B37 (candidiasis) | <input type="checkbox"/> B48 (other mycoses, not classified elsewhere) | <input type="checkbox"/> A41.9 (sepsis, unspecified organism) |
| Specify sub-code: _____ | <input type="checkbox"/> B49 (unspecified mycoses) | <input type="checkbox"/> R65.2 (severe sepsis) |
| Specify sub-code: _____ | <input type="checkbox"/> T80.211 (BSI due to central venous catheter) | <input type="checkbox"/> Other <i>Candida</i> -related code |
| <input type="checkbox"/> P37.5 (neonatal candidiasis) | | 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 B, chronic
- Hepatitis C
- Treated, in SVR
- Current, chronic
- Hepatitis B, acute

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):**

- | | | | |
|---------------------------------------|------------------------------|----------------------------------|----------------------------------|
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> DUD or abuse | <input type="checkbox"/> IDU | <input type="checkbox"/> Non-IDU | <input type="checkbox"/> 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

47. Surgeries in the 90 days before, not including the DISC:
 Abdominal surgery (specify): _____
 If yes: 1 Open abdomen 0 Laparoscopic 9 Unknown
 Non-abdominal surgery (specify): _____
 No surgery

48. Pancreatitis in the 90 days before, not including the DISC:
 1 Yes
 0 No
 9 Unknown

49. Did the patient have any ostomies of the gastrointestinal tract including ileostomy, colostomy, etc. in the 30 calendar days before, not including the DISC?
 1 Yes 0 No 9 Unknown

50. Chronic Urinary Tract Problems/Abnormalities: 501a. If yes, did the patient have any urinary tract procedures in the 90 days before, not including the DISC?
 1 Yes 0 No 9 Unknown 1 Yes 0 No 9 Unknown

51. 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)

52. 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:

52a. If yes, CVC type: (Check all that apply)
 Non-tunneled CVCs Implantable ports Other (specify): _____
 Tunneled CVCs Peripherally inserted central catheter (PICC) Unknown

52b. Were all CVCs removed or changed in the 2 days before 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

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

54. Did the patient have any of the following indwelling devices or other 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
 Invasive mechanical ventilation

55. Did the patient have a positive SARS-CoV-2 test result (molecular assay, antigen, or other confirmatory test, excluding serology) from a specimen collected in the 90 days before the DISC or on the DISC?
 1 Yes 0 No 9 Unknown

55a. If yes, date of specimen collection for initial positive SARS-CoV-2 test:
 Date: _____ 9 Date Unknown

55b. If yes, EIP COVID-NET Case ID: _____ 9 Unknown Out of EIP COVID-NET catchment area

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

57. Did the patient receive any systemic steroids in the 30 days before, not including the DISC?

1 Yes 0 No 9 Unknown

57a. If yes, what was the reason steroids were administered? (check all that apply)

- Steroid(s) given as an outpatient medication
- Steroid(s) given, prior to *Candida* DISC, during hospitalization associated with candidemia episode
- Steroid(s) given as part of treatment/management for COVID-19
- None of the above

58. Did the patient receive total parenteral nutrition (TPN) in the 14 days before, not including the DISC?

1 Yes 0 No 9 Unknown

59. 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 66) 0 No 9 Unknown

60. Was the patient administered systemic antifungal medication after, not including the DISC?

1 Yes (if Yes, fill out question 66) 0 No 9 Unknown

61. 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 or contaminated
- 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. -----

OTHER

62. Does the chart indicate that the incident specimen was considered a contaminant or was considered to not be indicative of true of infection?

1 Yes 0 No 9 Unknown

63. Was the patient under the care of an infectious disease physician on the day of the DISC or within the 6 days after the DISC?

1 Yes 0 No 9 Unknown

64. Did the patient have an echocardiogram (ECHO), including transthoracic (TTE) or transesophageal (TEE), on the day of or 13 days after the DISC?

1 Yes 0 No 9 Unknown

65. Did the patient have a dilated fundoscopic eye exam on the day of or 13 days after the DISC?

1 Yes 0 No 9 Unknown

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

66. 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	

*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

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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> 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"/> NI <input type="checkbox"/> ND