**Triazole-resistant *Aspergillus fumigatus* case report form**

Unique patient ID (DCIPHER): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARLN specimen ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ARLN isolate ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ARLN patient ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Form completion data** | | |
| Name of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date form completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Date of incident specimen collection* (DISC)\*: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ (mm-dd-yyyy)  \*This is the earliest date that a patient had a positive test for triazole-resistant *A. fumigatus* | | |
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| **A. Patient demographics** | |
| 1. Age at DISC:  (use months or days if patient was aged <2 years) | \_\_\_\_\_\_\_\_ □ Years □ Months □ Days □ Unknown |
| 2.Assigned sex at birth | □ Male □ Female □ Unknown |
| 3. Gender identity | | □ Male □ Female □ Transgender, non-binary, or another gender  □ Prefer not to answer/Decline □ Unknown |
| 4. Ethnic origin | □ Hispanic or Latino □ Not Hispanic or Latino □ Unknown |
| 5. Race (select all that apply) | □ American Indian/Alaska Native □ Asian □ Black/African American  □ Native Hawaiian/Pacific Islander □ White □ Unknown |
| 6. Patient's county of residence (Please do not write the word “County”; for example, write “Cook” instead of “Cook County”): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 7. Patient’s state, jurisdiction, or territory of residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 8. Patient’s country of residence (e.g., USA) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 9. Healthcare facility name  (Note: ‘healthcare facility’ refers to the facility where the patient’s incident specimen was collected) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 10. Healthcare facility CMS ID # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |

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| **A. Patient Demographics (continued)** | |
| 11. Healthcare facility ZIP code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 12. Healthcare facility state, jurisdiction, or territory | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 13. Healthcare facility type | □ Acute care hospital (ACH)  □ Long-term acute care hospital (LTACH)  □ Skilled nursing facility *with* ventilated residents (vSNF)  □ Skilled nursing facility *without* ventilated residents (SNF)  □ Outpatient  □ Unknown  □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **B. Patient underlying risk factors & medical conditions present during the 2 years before DISC (unless other timeframe specified)** | |
| 1. Cancer□ Yes □ No □ Unknown  □ Hematologic malignancy  specify type: \_\_\_\_\_\_\_\_\_\_\_\_\_  □ Solid organ malignancy  specify type:\_\_\_\_\_\_\_\_\_\_\_\_  □ Chemotherapy  If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 3. Chronic pulmonary diagnosis□ Yes □ No □ Unknown  □ Chronic obstructive pulmonary disease (COPD) or emphysema  □ Bronchiectasis  □ Cystic fibrosis  □ Allergic bronchopulmonary aspergillosis (ABPA)  □ Pulmonary fibrosis  □ Asthma  □ Interstitial Lung Disease  □ Other chronic pulmonary diagnosis (specify):\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. HIV infection □ Yes □ No □ Unknown  If yes, choose one of the below  *Ever* had CD4 < 200 cells/mm3 within past 6 months  □ Yes □ No □ Unknown |
| 4. Positive respiratory viral test in 120 **days before or after DISC** □ Yes □ No □ Unknown  If yes, (select all that apply):  □ SARS-CoV-2 (PCR or antigen test)  □ antigen □ PCR □ unknown test type  □ Influenza  □ Other respiratory virus (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. Transplant received within 2 years before DISC  □ Yes □ No □ Unknown    □ Solid organ transplant:  □ Lung □ Heart □ Kidney □ Pancreas □ Liver □ Skin graft □Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Hematopoietic stem cell transplant (HSCT) |
| 6. Other selected conditions: □ Yes □ No □ Unknown  □ Cardiovascular disease  (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Diabetes mellitus  □ End stage renal disease/dialysis  □ Autoimmune disease(s) or inherited immunodeficiency(-ies)  (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Medications/therapies that weaken the immune system  □ TNF-alpha inhibitors (e.g., infliximab, adalimumab, etanercept)  □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ Cirrhosis  □ Liver disease without cirrhosis  □ Systemic lupus erythematosus  □ Active tuberculosis  □ Pregnant  □ Pregnant on DISC  Gestational age (weeks):\_\_\_\_\_\_\_ Unknown  □ Post-partum (gave birth within 6 weeks before DISC) | 7. Other potentially relevant clinical information?  □ Yes (specify below) □ No □ Unknown  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **C. Patient diagnosis and outcomes** | |
| 1. According to treating clinicians, which clinical syndrome(s) related to *Aspergillus* did the patient have? | □ Invasive pulmonary aspergillosis (IPA)  □ Other disease/syndrome(s) related to *A. fumigatus*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ *Aspergillus* was **not** believed to be causing clinical illness or is not mentioned in medical records  □ Unknown |
| 2. Was the patient hospitalized at an acute care hospital in the 30 days before to 30 days after DISC? | □ Yes □ No □ Unknown  *If yes,* dates of admission of hospitalization most proximal to DISC,  Admission date: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ (mm-dd-yyyy)  Discharge date: \_\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ (mm-dd-yyyy) □ Still hospitalized  *If yes,*  Received ICU-level care in the 14 days *before* DISC?: □ Yes □ No □ Unknown  Received ICU-level care in the 14 days *after* DISC?: □ Yes □ No □ Unknown  Discharge ICD-10 diagnosis code(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Died within 30 days after DISC? | □ No  □ Yes, date of death \_\_\_\_\_\_\_ - \_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm-dd-yyyy)  Cause(s) of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    □ Unknown |

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| **D. Antifungal treatment:** Did the patient receive antifungal drugs during the 60 days before to 30 days after the DISC? □ Yes □ No □ Unknown  (If yes, please complete the table below for each drug received). | | | |
| Select one of the following to complete each row of the table | | | | |
| Amphotericin B lipid complex (ABLC)  Liposomal Amphotericin B (L-AmB)  Amphotericin B colloidal dispersion (ABCD)  Anidulafungin (ANF) | | Caspofungin (CAS)  Fluconazole (Not mold-active) (FLC)  Flucytosine (5FC)  Ibrexafungerp (IBR) | Isavuconazole (ISA)  Itraconazole (ITC)  Micafungin (MFG)  Posaconazole (PSC)  Voriconazole (VRC) | Other drug (specify):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Unknown drug (UNK) |

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| **Drug Abbrev** | **b. First date given** (*mm-dd-yyyy*) | **c. Last date given** (*mm-dd-yyyy*) | **d. Indication** | **e. Therapeutic drug monitoring (TDM)** |
|  | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Start date unknown  □ Start date was >60 days before DISC | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Still on treatment at time CRF completed  □ Stop date unknown | □ Prophylaxis  □ Treatment for *Aspergillus*  □ Treatment for non-*Aspergillus* infection | □ Yes  Date of earliest TDM:  TDM level:  Date of second TDM:  TDM level:  □ No |
|  | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Start date unknown  □ Start date was >60 days before DISC | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Still on treatment at time CRF completed  □ Stop date unknown | □ Prophylaxis  □ Treatment for *Aspergillus*  □ Treatment for non-*Aspergillus* infection | □ Yes  Date of earliest TDM:  TDM level:  Date of second TDM:  TDM level:  □ No |
|  | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Start date unknown  □ Start date was >60 days before DISC | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Still on treatment at time CRF completed  □ Stop date unknown | □ Prophylaxis  □ Treatment for *Aspergillus*  □ Treatment for non-*Aspergillus* infection | □ Yes  Date of earliest TDM:  TDM level:  Date of second TDM:  TDM level:  □ No |
|  | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Start date unknown  □ Start date was >60 days before DISC | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Still on treatment at time CRF completed  □ Stop date unknown | □ Prophylaxis  □ Treatment for *Aspergillus*  □ Treatment for non-*Aspergillus* infection | □ Yes  Date of earliest TDM:  TDM level:  Date of second TDM:  TDM level:  □ No |
|  | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Start date unknown  □ Start date was >60 days before DISC | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_  □ Still on treatment at time CRF completed  □ Stop date unknown | □ Prophylaxis  □ Treatment for *Aspergillus*  □ Treatment for non-*Aspergillus* infection | □ Yes  Date of earliest TDM:  TDM level:  Date of second TDM:  TDM level:  □ No |

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| **Supplemental patient interview form:**  Note that “you” in these questions refers to the patient. | |
| 1. Person interviewed | □ Patient □ Someone other than the patient, (specify relationship to patient): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. What was your job or occupation before [DISC]? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unemployed □ Student □ Retired □ N/A  □ Refused to answer □ Unknown |
| 3. What was your industry before [DISC]? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unemployed □ Student □ Retired □ N/A  □ Refused to answer □ Unknown |
| 3. Did you travel outside of  [healthcare facility state] within 3 months before [DISC]?  (note: if healthcare facility is in a different state from patient’s residence, then please count time spent in the patient’s home state as “travel”)  List state(s), territory(-ies), jurisdiction(s), country(-ies) | □ Yes □ No □ Unknown  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Did you perform any of the following activities during the 90 days before [DISC] | |  |  | | --- | --- | | Gardening | □ Yes □ No □ Unknown | | Handling compost | □ Yes □ No □ Unknown | | Handling a fungicide product (agriculture)  Handling a fungicide product (home gardening) | □ Yes □ No □ Unknown | | Spending time on a farm | □ Yes □ No □ Unknown | |  |  | |  |  | | If patient spent time on a farm in 90 days before DISC, describe location, type of crop(s) grown (if applicable), and activities performed on farm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |  |  | |

**Additional comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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