**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. What is your race and/or ethnicity? (select all that apply and enter additional details in the spaces provided) | □ American Indian or Alaska Native*Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Asian – provide details below □ Chinese □ Asian Indian □ Filipino □ Vietnamese □ Korean □ Japanese*Enter, for example, Pakistani, Hmong, Afghan, etc.*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Black or African American – provide details below □ African American □ Jamaican □ Haitian □ Nigerian □ Ethiopian □ Somali*Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Hispanic or Latino – provide details below □ Mexican □ Puerto Rican □ Salvadoran □ Cuban □ Dominican □ Guatemalan*Enter, for example, Colombian, Honduran, Spaniard, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Middle Eastern or North African – provide details below □ Lebanese □ Iranian □ Egyptian □ Syrian □ Iraqi □ Israeli*Enter, for example, Moroccan, Yemeni, Kurdish, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ Native Hawaiian or Pacific Islander – provide details below □ Native Hawaiian □ Samoan □ Chamorro □ Tongan □ Fijian □ Marshallese*Enter, for example, Chuukese, Palauan, Tahitian, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ White – provide details below □ English □ German □ Irish □ Italian □ Polish □ Scottish*Enter, for example, French, Swedish, Norwegian, etc.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Patient's county of residence (Please do not write the word “County”; for example, write “Cook” instead of “Cook County”):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 6. Patient’s state, jurisdiction, or territory of residence |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 7. Patient’s country of residence (e.g., USA) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 8. Healthcare facility name(Note: ‘healthcare facility’ refers to the facility where the patient’s incident specimen was collected) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 9. Healthcare facility CMS ID # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |

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| **A. Patient Demographics (continued)** |
| 10. Healthcare facility ZIP code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 11. Healthcare facility state, jurisdiction, or territory | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown  |
| 12. 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 malignancyspecify type: \_\_\_\_\_\_\_\_\_\_\_\_\_ □ Solid organ malignancy specify type:\_\_\_\_\_\_\_\_\_\_\_\_□ ChemotherapyIf 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 □ UnknownIf 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 □ UnknownIf 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 DISCGestational 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 □ UnknownReceived ICU-level care in the 14 days *after* DISC?: □ Yes □ No □ UnknownDischarge 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 | □ YesDate 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 | □ YesDate 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 | □ YesDate 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 | □ YesDate 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 | □ YesDate 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] |

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

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