**Antifungal-resistant dermatophytosiscase 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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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. 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 country of primary residence (e.g., USA) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 6. Patient’s state, jurisdiction, or territory of primary residence |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 7. Patient's county of primary residence (Please do not write the word “County”; for example, write “Cook” instead of “Cook County”):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 8. Patient’s city of primary residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 9. Patient’s ZIP code of primary residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 10. Patient’s type of health insurance at DISC  | □ Private □ Medicare □ Medicaid/state assistance program □ Military □ Indian Health Service □ Incarcerated □ Uninsured □ Unknown □ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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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:\_\_\_\_\_\_\_\_\_\_\_\_ | 3. Other immunocompromising conditions □ Yes □ No □ Unknown□ Transplant in the last 2 years□ Hematologic □ Solid organ□ Chemotherapy□ Chronic use of steroids□ Medications/therapies that weaken the immune system□ TNF-alpha inhibitors (e.g., infliximab, adalimumab, etanercept)□ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Cirrhosis  |
| 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. Other conditions□ Liver disease□ Cirrhosis□ Diabetes□ History of stroke, plegia, paralysis □ Chronic kidney disease□ Chronic respiratory failure□ Cardiac disease□ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5. Other potentially relevant underlying conditions?□ Yes (specify below) □ No □ Unknown *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **C. Incident specimen data** |
| 1. Date of incident specimen collection (DISC)\*: (mm-dd-yyyy)\*This is the earliest date that a patient had a positive test for antifungal-resistant dermatophytosis | \_\_\_ \_\_\_ - \_\_\_ \_\_\_ - \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| 2. Test type | □ Culture □ PCR  |
| 3. Body site | □ Tinea capitis (scalp, hair) □ Tinea barbae (beard) or faciei (face)□ Tinea manuum (hands) □ Tinea unguium (toenails) □ Tinea unguium (fingernails) □ Tinea genitalis (genitals)□ Tinea corporis (other parts of body such as arms or legs), specify: \_\_\_\_\_\_\_\_\_ □ Tinea cruris (groin, inner thighs, or buttocks) □ Tinea pedis (feet) □ Other body site specify: \_\_\_\_\_\_\_\_\_ |
| 4. Genus and species | □ *Trichophyton mentagrophytes* □ Genotype VIII (*T indotineae)*□ Other genotype, specify: \_\_\_\_\_\_\_□ Unknown genotype□ *Trichophyton* *rubrum* □ Other *Trichophyton* species Species: \_\_\_\_\_\_\_□ species unknown□ *Microsporum*  Species: \_\_\_\_\_\_\_ □ species unknown□ *Epidermophyton*  Species: \_\_\_\_\_\_\_□ species unknown□ Other genus (specify) \_\_\_\_\_\_\_\_\_\_ Species: \_\_\_\_\_\_\_□ species unknown |
| 5. Antifungal susceptibility testing | **Drug, minimum inhibitor concentration (MIC), mg/L (μg/mL)**Terbinafine (Lamisil) \_\_\_\_\_\_\_\_\_\_\_\_Itraconazole (Sporanox) \_\_\_\_\_\_\_\_\_\_\_Amphotericin B \_\_\_\_\_\_\_\_\_\_\_Anidulafungin (Eraxis) \_\_\_\_\_\_\_\_\_\_\_Caspofungin (Cancidas) \_\_\_\_\_\_\_\_\_\_\_Fluconazole (Diflucan) \_\_\_\_\_\_\_\_\_\_\_Flucytosine (5FC) \_\_\_\_\_\_\_\_\_\_\_Ibrexafungerp (Brexafemme) \_\_\_\_\_\_\_\_\_\_\_Isavuconazole (Cresemba) \_\_\_\_\_\_\_\_\_\_\_Micafungin (Mycamine) \_\_\_\_\_\_\_\_\_\_\_Posaconazole (Noxafil) \_\_\_\_\_\_\_\_\_\_\_Voriconazole (Vfend) \_\_\_\_\_\_\_\_\_\_\_ |
| Molecular determinant of resistance (e.g., SQLE):  | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** □ Unknown  |

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| **D. Patient diagnosis and outcomes** |
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| 1. Patient location at time of incident specimen collection:  □ Hospital inpatient      □ Intensive care unit            □ Surgery/OR           □ Radiology           □ Other inpatient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   □ Outpatient      □ Emergency room           □ Clinic/Provider’s office (specify)       □ Dermatologist □ Infectious Diseases □ Podiatrist □ Primary care (adult) □ Primary care (pediatrics) □ Other provider type, specify \_\_\_\_\_\_\_ □ Unknown provider type     □ Dialysis center           □ Surgery           □ Urgent care                     □ Observational/clinical decision unit          □ Other outpatient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |   □ Long-term care facility (LTCF) □ Long-term acute care hospital (LTACH)   □ Autopsy □ Unknown □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |

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| 2. Rash onset date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ |
| 3. Indicate body site(s) affected. □ Tinea capitis (scalp, hair) □ Tinea barbae (beard) □ Tinea manuum (hands) □ Tinea unguium (toenails) □ Tinea unguium (fingernails) □ Tinea genitalis (genitals)□ Tinea corporis (other parts of body such as arms or legs), specify: \_\_\_\_\_\_\_\_\_ □ Tinea cruris (groin, inner thighs, or buttocks) □ Tinea pedis (feet) □ Other body site, specify: \_\_\_\_\_\_\_\_\_□ Unknown |
| 4. Date of most recent follow-up for rash (within 90 days after DISC) (mm/dd/yyyy): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_Compared with the patient's rash on DISC, what was the status of the patient's rash at most recent follow-up?□ Worse□ Neither better nor worse□ Improving, but not fully resolved□ Fully resolved□ Unknown |

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| **E. Antifungal treatment:** Did the patient receive antifungal drugs during the 90 days before to 60 days after the DISC? □ Yes □ No □ Unknown (If yes, please complete the table below for each drug received) |
| *Systemic antifungals*Amphotericin B lipid complex (ABLC)Liposomal Amphotericin B (L-AmB)Amphotericin B colloidal dispersion (ABCD) Anidulafungin (ANF)Caspofungin (CAS) | Fluconazole (FLC)Flucytosine (5FC)Griseofulvin (GSF)Ibrexafungerp (IBR)Isavuconazole (ISA)Itraconazole (ITC) | Micafungin (MFG)Terbinafine (TRB-S)Posaconazole (PSC)Voriconazole (VRC)Other systemic drug (specify) (OTH-S): \_\_\_\_\_\_\_\_\_ | Unknown drug (UNK-S) |
| *Topical antifungals*  |  |  |  |
| Butenafine (BTF)Ciclopirox (CPX)Clotrimazole (CTZ)Clotrimazole-betamethasone dipropionate (CBM) | Econazole (ECZ)Efinaconazole (EFZ)Ketoconazole (KTC)Luliconazole (LCZ)Miconazole (MCZ) | Naftifine (NFT)Nystatin- triamcinolone (NTC)Oxiconazole (OCZ)Sertaconazole (STC) | Tavaborole (TVB)Terbinafine (TRB-T)Terconazole (TCZ)Other topical antifungal (specify) (OTH-T): \_\_\_\_\_\_\_\_\_Unknown drug (UNK-T) |
| **Drug Abbrev** | **b. First date given** (*mm-dd-yyyy*) | **c. Last date given** (*mm-dd-yyyy*) | **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 | □ 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 | □ YesDate of earliest TDM: TDM level: Date of second TDM: TDM level:□ No |

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| **E. Supplemental patient interview form:**Note that “you” in these questions refers to the patient.  |
| 1. Have you traveled internationally during the two years before rash onset?  | □ Yes If yes, specify country/city/cities/dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_□ No □ Unknown  |
| 2. Have you had any known exposures to possible ringworm during the month before rash onset?  | □ Yes If yes, specify country/city/cities/dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_If yes, select all that apply □ Other person with possible ringworm □ Animal with possible ringworm If yes, what type of animal?□ Cat□ Dog □ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_□ Environment (e.g., public showers, gyms, shared equipment), specify: \_\_\_\_\_\_\_\_\_ □ Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No □ Unknown Provide any details of exposure that you might be relevant and are not captured above:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. How many people are in your household (including yourself) and how many developed signs symptoms of ringworm?  | Number of people in the household \_\_\_\_\_\_\_\_\_ □ Unknown Number of people in the household who developed possible ringworm \_\_\_\_\_\_\_\_\_ □ Unknown  |
| 4. Did you use topical steroids before this diagnosis?   | □ Yes If yes, name of drug(s), dose(s), duration(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No  |
| 5. Did you use topical and/or systemic antibacterial medications before this diagnosis (including those purchased over-the-counter)?\*  | □ Yes If yes, name of drug(s), method(s) of administration (e.g., oral, topical), dose, duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ No  |
| 6. Over the last week, how itchy, sore, painful, or stinging has your skin been?\* | □ Very much □ A lot □ A little □ Not at all |
| 7. Over the last week, how embarrassed or self-conscious have you been because of your skin?\* | □ Very much □ A lot □ A little □ Not at all |
| 8. Over the last week, how much has your skin interfered with you going shopping or looking after your home or garden?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 9. Over the last week, how much has your skin influenced the clothes you wear?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 10. Over the last week, how much has your skin affected any social or leisure activities?\*  | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 11. Over the last week, how much has your skin made it difficult for your to do any sport?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 12. Over the last week, has your skin prevented you from working or studying?\* | □ Yes □ No If no, over the last week, how much has your skin been a problem at work or studying? □ A lot□ A little□ Not at all□ Not relevant □ Not at all□ Not relevant |
| 13. Over the last week, how much has your skin created problems with your partner or any of your close friends or relatives?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 14. Over the last week, how much has your skin caused any sexual difficulties?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |
| 15. Over the last week, how much of a problem has the treatment for your skin been, for example by making your home messy, or by taking up time?\* | □ Very much □ A lot □ A little □ Not at all□ Not relevant |

**\*Questions were adapted from the Dermatology Life Quality Index (DLQI); approval obtained from DLQI Administrator.**

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

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