**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 | □ Male □ Female |
| 3. 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.* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Patient’s country of primary residence (e.g., USA) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 5. Patient’s state, jurisdiction, or territory of primary residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 6. Patient's county of primary residence (Please do not write the word “County”; for example, write “Cook” instead of “Cook County”): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 7. Patient’s city of primary residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 8. Patient’s ZIP code of primary residence | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Unknown |
| 9. 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 malignancy  specify 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 □ Unknown  If 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** |
| |  |  |  | | --- | --- | --- | | 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 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 | □ 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 | □ Yes  Date 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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