



- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>Candida glabrata</i> (CG)     | <input type="checkbox"/> <i>Candida krusei</i> (CK)          | <input type="checkbox"/> <i>Candida</i> species (CS) |
| <input type="checkbox"/> <i>Candida parapsilosis</i> (CP) | <input type="checkbox"/> <i>Candida guilliermondii</i> (CGM) | <input type="checkbox"/> Pending                     |
| <input type="checkbox"/> <i>Candida tropicalis</i> (CT)   |  |  |

**23. 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
	13 <input type="checkbox"/> CAU	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
	2 <input type="checkbox"/> CG	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
	3 <input type="checkbox"/> CP	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
	4 <input type="checkbox"/> CT	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
	5 <input type="checkbox"/> CD	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
	6 <input type="checkbox"/> CL	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
	7 <input type="checkbox"/> CK	Rezafungin (Rezzayo)		<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
	13 <input type="checkbox"/> CAU	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
	2 <input type="checkbox"/> CG	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
	3 <input type="checkbox"/> CP	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
	4 <input type="checkbox"/> CT	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
	5 <input type="checkbox"/> CD	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
	6 <input type="checkbox"/> CL	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
	7 <input type="checkbox"/> CK	Rezafungin (Rezzayo)		<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			

**24. Did the patient have a PCR molecular test for *Candida* (e.g., T2), in the 6 days before or two days after the DISC?**

1  Yes 0  No 9  Unknown

25a. If yes, test type: \_\_\_\_\_

25b. Result: \_\_\_\_\_

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

25a. 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"/> CAU <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"/> CAU <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"/> CAU <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"/> CAU <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)

**26. 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

26a. If yes, date of negative blood culture: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**27. 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

27a. If yes, specify organisms (Enter up to 3 pathogens): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**28. 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

28a. If yes, additional organisms (Enter up to 3 pathogens): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**29. Did the patient have any of the following types of suspected or confirmed 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/peritoneal fluid | <input type="checkbox"/> Osteomyelitis           | <input type="checkbox"/> Eyes                                      |  |
| <input type="checkbox"/> Splenic                      | <input type="checkbox"/> Skin /wound infection   | <input type="checkbox"/> Endophthalmitis                           |  |
|   |  | <input type="checkbox"/> Chorioretinitis                           |  |

**30. Was the patient known to be colonized with *Candida auris* before their candidemia diagnosis?**

1  Yes 0  No 9  Unknown

**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<br>Facility ID: _____ | 6 <input type="checkbox"/> Correctional or detention facility |
| 2 <input type="checkbox"/> Hospital inpatient<br>Facility ID: _____ | 5 <input type="checkbox"/> Homeless                    | 8 <input type="checkbox"/> Drug/alcohol rehabilitation        |
| 3 <input type="checkbox"/> LTCF<br>Facility ID: _____               |  | 10 <input type="checkbox"/> Not born yet                      |
|   |  | 7 <input type="checkbox"/> Other                              |
|   |  | 9 <input type="checkbox"/> Unknown                            |

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     Died    3  Hospitalized > 1 year    9  Unknown

Date of discharge: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Unknown    Date of death: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_     Unknown  
 Left against medical advice (AMA)

35a. Discharged to:

- |  |   |
|--|---|
| 0 <input type="checkbox"/> Not applicable (i.e. patient died, or not hospitalized) | 5 <input type="checkbox"/> Other                              |
| 1 <input type="checkbox"/> Private residence                                       | 6 <input type="checkbox"/> Homeless                           |
| 2 <input type="checkbox"/> LTCF    Facility ID: _____                              | 7 <input type="checkbox"/> Correctional or detention facility |
| 3 <input type="checkbox"/> LTACH    Facility ID: _____                             | 8 <input type="checkbox"/> Drug/alcohol rehabilitation        |
|  | 9 <input type="checkbox"/> 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)<br>Specify sub-code: _____ | <input type="checkbox"/> B48 (other mycoses, not classified elsewhere)<br><input type="checkbox"/> B49 (unspecified mycoses) | <input type="checkbox"/> A41.9 (sepsis, unspecified organism)<br><input type="checkbox"/> R65.2 (severe sepsis) |
| <input type="checkbox"/> P37.5 (neonatal candidiasis)                 | <input type="checkbox"/> T80.211 (BSI due to central venous catheter)  | <input type="checkbox"/> Other <i>Candida</i> -related code<br>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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Chronic Lung Disease</b><br><input type="checkbox"/> Cystic Fibrosis<br><input type="checkbox"/> Chronic Pulmonary disease         | <input type="checkbox"/> <b>Liver Disease</b><br><input type="checkbox"/> Chronic Liver Disease<br><input type="checkbox"/> Ascites<br><input type="checkbox"/> Cirrhosis<br><input type="checkbox"/> Hepatic Encephalopathy<br><input type="checkbox"/> Variceal Bleeding<br><input type="checkbox"/> Hepatitis B, chronic<br><input type="checkbox"/> Hepatitis C | <input type="checkbox"/> <b>Plegias/Paralysis</b><br><input type="checkbox"/> Hemiplegia<br><input type="checkbox"/> Paraplegia<br><input type="checkbox"/> Quadriplegia<br><input type="checkbox"/> <b>Renal Disease</b><br><input type="checkbox"/> Chronic Kidney Disease<br>Lowest serum creatinine: _____mg/DL<br><input type="checkbox"/> Unknown or not done |
| <input type="checkbox"/> <b>Chronic Metabolic Disease</b><br><input type="checkbox"/> Diabetes Mellitus<br><input type="checkbox"/> With Chronic Complications |   |   |
| <input type="checkbox"/> <b>Cardiovascular Disease</b><br><input type="checkbox"/> 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 (specify): \_\_\_\_\_

- 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
- Paresis
- Parkinson's disease
- Spinal cord injury

**Skin Condition**

- Blistering disease
- Burn
- Decubitus/Pressure Ulcer
- Eczema
- Psoriasis
- Surgical Wound
- Other chronic ulcer or chronic wound

**Other**

- Connective tissue disease
- Obesity or morbid obesity
- Pregnant



**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

<input type="checkbox"/> Urinary Catheter/Device	<input type="checkbox"/> Respiratory	<input type="checkbox"/> Gastrointestinal
<input type="checkbox"/> Indwelling urethral	<input type="checkbox"/> ET/NT	<input type="checkbox"/> Abdominal drain (specify): _____
<input type="checkbox"/> Suprapubic	<input type="checkbox"/> Tracheostomy	<input type="checkbox"/> Gastrostomy
	<input type="checkbox"/> 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: \_\_\_\_\_  None or N/A

**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 67)    0 No    9 Unknown

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

1 Yes (if Yes, fill out question 67)    0 No    9 Unknown

**61. If antifungal medication was not given to treat current candidemia infection, what was the reason?**

1 <input type="checkbox"/> Patient died before culture result available to clinicians	5 <input type="checkbox"/> Other reason documented in medical records, specify: _____
2 <input type="checkbox"/> Comfort care only measures were instituted	6 <input type="checkbox"/> Patient refused treatment against medical advice
3 <input type="checkbox"/> Patient discharged before culture result available to clinician	9 <input type="checkbox"/> Unknown
4 <input type="checkbox"/> Medical records indicated culture result not clinically significant or contaminated	

-----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 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

**66. Is case associated with a known outbreak?**

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  
 Rezafungin (Rezzayo)= RZF  
 UNKNOWN DRUG=UNK  
 Voriconazole (Vfend)=VRC

**67. 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	
	____-____-____	<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 13 <input type="checkbox"/> CAU 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 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	
		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	
		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	
		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	
		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	
		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	
		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	
		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	
		Rezafungin (Rezzayo)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NI <input type="checkbox"/> ND	
		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 13 <input type="checkbox"/> CAU 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 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
			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
		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	
		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	
		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	
		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	
		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	
		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	
		Rezafungin (Rezzayo)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NI <input type="checkbox"/> ND	
		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 13 <input type="checkbox"/> CAU 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL 7 <input type="checkbox"/> CK 8 <input type="checkbox"/> CGM 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	
		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	
		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	
		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	
		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	
		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	
		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	
		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	
		Rezafungin (Rezzayo)		<input type="checkbox"/> S <input type="checkbox"/> SDD <input type="checkbox"/> I <input type="checkbox"/> R <input type="checkbox"/> NI <input type="checkbox"/> ND	
		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 13 <input type="checkbox"/> CAU 2 <input type="checkbox"/> CG 3 <input type="checkbox"/> CP 4 <input type="checkbox"/> CT 5 <input type="checkbox"/> CD 6 <input type="checkbox"/> CL		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
			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
		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	
		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	
		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	
		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	

State ID: \_\_\_\_\_ Date of Incident Specimen Collection (mm-dd-yyyy): \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Surveillance Officer Initials \_\_\_\_\_

	7 <input type="checkbox"/> CK	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
	8 <input type="checkbox"/> CGM	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
	9 <input type="checkbox"/> CO								
	10 <input type="checkbox"/> CGN	Rezafungin (Rezzayo)		<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								
	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