



Patient Information

Initials or patient ID: Insert either the patient's initials or any combination of letters or numbers which helps you (the investigator) know to which patient you are referring.

Country

City

- Race:
- Black or African American
 - Asian
 - American Indian or Alaska Native
 - Hispanic/Latino
 - Native Hawaiian or Other Pacific Islander
 - Caucasian

Age: (Years Months) Sex: Male Female Weight (kg)

Hospital/Ward Occupation

Name of Physician Mycologist/Microbiologist :

Instructions for completing this study

Many of the case report form questions are related to time. Please answer with reference to the first day of the fungal infection (day zero).

Day zero is defined as the earliest of:

1. the day of the first clinical feature of the fungal infection e.g. fever or cough

OR

2. the first radiological abnormality (even on retrospective analysis)

OR

3. the first immunohistological/histological/cytological/serological evidence of fungal infection

Day zero is usually not the day treatment was started, because diagnosis takes time. In assessing the course of the infection it is important to assess risk factors just before the fungal infection occurred, and outcomes related to the beginning of the infection.

Date Zero

Underlying Disease at time of infection: Yes No

If Yes:

1. Malignancy

2. Transplantation

3. Diabetes mellitus ◦ If YES: Ketoacidosis

4. Renal Failure ◦ If YES: Dialysis

5. Neutropenia ◦ If yes: Were neutrophils (Please select the lowest applicable number):

<100 cells/mm³

<500 cells/mm³

<1000 cells/mm³

◦ Had the neutropenia resolved at the time of diagnosis? Yes No

6. HIV infection

If Yes: CD4:

viral load

7. Low birth weight infant

8. Malnutrition

9. Autoimmune disease Specify:

10. Iron Overload: Specify:

11. Other:

Treatment BEFORE diagnosis of zygomycosis (within 3 month prior to diagnosis of zygomycosis): Yes No

Mode of transmission

1. Trauma: Yes No

2. Burns Specify:

3. Adhesive tapes, bandages or other nosocomial material Specify:

4. Injection drug use Specify:

5. Other

6. Unknown

Site of infection

1. Sinus Yes No

2. Pulmonary Yes No

3. Cutaneous, soft tissue Yes No

4. Cerebral Yes No

5. Gastrointestinal Yes No

6. Renal Yes No

7. Generalized disseminated (involvement of at least two non-contiguous sites) Yes No

8. Other:

Signs and symptoms of fungal infection

1. Fever Yes No

2. Necrotic eschar Yes No

3. Other skin lesion Yes No If yes, please describe:

4. Ophthalmoplegia Yes No

5. Other:

Summary of signs
and symptoms

Diagnosis

Histopathology

<input type="radio"/> Not done <input type="radio"/> Done	Organ/Biopsy/Autopsy: <input type="text"/>	Date <input type="text"/>	<input type="checkbox"/> Absence of hypha <input type="checkbox"/> Presence of hyphae
<input type="radio"/> Not done <input type="radio"/> Done	Organ/Biopsy/Autopsy: <input type="text"/>	Date <input type="text"/>	<input type="checkbox"/> Absence of hypha <input type="checkbox"/> Presence of hyphae
<input type="radio"/> Not done <input type="radio"/> Done	Organ/Biopsy/Autopsy: <input type="text"/>	Date <input type="text"/>	<input type="checkbox"/> Absence of hypha <input type="checkbox"/> Presence of hyphae

Microscopy & Culture

Sample 1	<input type="text"/>	Date <input type="text"/>
Direct microscopy	<input type="radio"/> Not done <input type="radio"/> Done	
Culture	<input type="radio"/> Not done <input type="radio"/> Done	identification (if completed): <input type="text"/>
Sample 2	<input type="text"/>	Date <input type="text"/>
Direct microscopy	<input type="radio"/> Not done <input type="radio"/> Done	
Culture	<input type="radio"/> Not done <input type="radio"/> Done	identification (if completed): <input type="text"/>
Sample 3	<input type="text"/>	Date <input type="text"/>
Direct microscopy	<input type="radio"/> Not done <input type="radio"/> Done	
Culture	<input type="radio"/> Not done <input type="radio"/> Done	identification (if completed): <input type="text"/>

Molecular Methods

Specify method

Imaging studies (Please include only studies which are relevant to the fungal infection)

- X-Ray:	<input type="radio"/> Done <input type="radio"/> Not done	If yes, please describe: <input type="text"/>
	<input type="radio"/> Done <input type="radio"/> Not done	If done, what were the findings:
		- Air crescent sign: <input type="radio"/> Yes <input type="radio"/> No
		- Nodular consolidation: <input type="radio"/> Yes <input type="radio"/> No
		- Cavity: <input type="radio"/> Yes <input type="radio"/> No
		- Focal brain lesion: <input type="radio"/> Yes <input type="radio"/> No
		- Other: <input type="text"/>
- MRI:	<input type="radio"/> Done <input type="radio"/> Not done	if done, what were the findings: <input type="text"/>
- Ultrasound:	<input type="radio"/> Done <input type="radio"/> Not done	if done, what were the findings: <input type="text"/>

Summary of findings from imaging studies

Surgery Yes No

Date

Date

Date

Date

Antifungal Treatment

Did the patient get any antifungal Treatment? Yes No

If Yes: Agent name:

Drug dosage: Unit: Frequency

Administration: Oral I.V. Start Date: Stop Date: Ongoing? Yes No

If Yes: Agent name:

Drug dosage: Unit: Frequency

Administration: Oral I.V. Start Date: Stop Date: Ongoing? Yes No

If Yes: Agent name:

Drug dosage: Unit: Frequency

Administration: Oral I.V. Start Date: Stop Date: Ongoing? Yes No

Other Treatment:

Did the Patient receive any other treatment for fungal infection?

Please describe key features:

Outcome

Date of last observation:

Is the patient still on antifungal therapy? Yes No

Final response to antifungal treatment (see notes below):

- | | |
|---|--|
| <input type="radio"/> Complete response | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Partial response | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Clinical improvement, but no other objective evidence of response | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Stable | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Deterioration or Failure | <input type="radio"/> Yes <input type="radio"/> No |

Notes:**- Complete response:**

complete resolution of attributable symptoms of signs of fungal infection, negative culture, PCR and/or antigen tests and at least 90% imaging resolution (assuming positive at day zero).

- Partial response:

complete or near complete resolution of attributable symptoms and signs of fungal infection, negative culture or PCR, major improvement of antigen titre and at least 50% improvement in imaging abnormalities, (assuming positive at day zero).

- Clinical improvement:

definite clinical improvement (e.g. fever or headache resolution, improvement in cough, weight gain etc.) but with minor or no objective imaging or laboratory test improvement.

- Stable:

minor clinical, imaging or laboratory improvement or deterioration, or no change (especially if course of therapy very short)

- Deterioration or failure:

definite clinical, radiological or laboratory evidence of worsening of disease.

Outcome of local infection:

Response with sequelae? Yes No

If yes, please describe sequelae:

Is the patient still alive? Yes No

Did the patient die of fungal infection? Yes No

Please list primary causes of death:

Was autopsy or post mortem sample taken? Yes No

If yes, please describe result:

Case Summary

Please summarize key features of this case with respect to fungal infection: