



Fungal Infection Pre-Infusion Data

Registry Use Only

Sequence Number:

Date Received:

CIBMTR Center Number: _____

CIBMTR Research ID: _____

Event date: _____
 YYYY MM DD

Infection Episode

Information for this report should come from an actual examination by the Transplant Center physician, or the physician who is following the recipient pre-HCT / pre-infusion, or abstraction of the recipient's medical records.

1. Organism: _____
2. Date of infection diagnosis: ____-____-____
 YYYY MM DD

Specify all diagnostic tests performed, which had a positive result, to determine the diagnosis of the fungal infection.

3. Radiographic findings (*e.g. x-ray, CT, or MRI*)
- ☐ Yes – **Go to question 4**
 - ☐ No – **Go to question 6**
 - ☐ Unknown – **Go to question 6**
4. Specify imaging sites that supported the diagnosis of fungal infection (*check all that apply*)
- ☐ Abdomen / pelvis – **Go to question 6**
 - ☐ Bone - **Go to question 6**
 - ☐ Brain - **Go to question 6**
 - ☐ Chest - **Go to question 6**
 - ☐ Sinus - **Go to question 6**
 - ☐ Other imaging site - **Go to question 5**
5. Specify other imaging site: _____
6. Pathology (*e.g. biopsy, cytology*)
- ☐ Yes - **Go to question 7**
 - ☐ No - **Go to question 9**
 - ☐ Unknown - **Go to question 9**
7. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)
- ☐ Brain / central nervous system (CNS) - **Go to question 9**
 - ☐ Eye - **Go to question 9**
 - ☐ Liver - **Go to question 9**
 - ☐ Lung (*includes sputum*) - **Go to question 9**
 - ☐ Upper gastrointestinal (GI) tract (*e.g. esophagus, stomach*) - **Go to question 9**

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- ☐ Skin - **Go to question 9**
- ☐ Spleen - **Go to question 9**
- ☐ Other sample source - **Go to question 8**

8. Specify other sample source: _____

9. Culture

- ☐ Yes - **Go to question 10**
- ☐ No - **Go to question 12**
- ☐ Unknown - **Go to question 12**

10. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)

- ☐ Blood (*includes whole blood, serum, or plasma*) - **Go to question 12**
- ☐ Bone - **Go to question 12**
- ☐ Brain / central nervous system (CNS) - **Go to question 12**
- ☐ Eye - **Go to question 12**
- ☐ Liver - **Go to question 12**
- ☐ Lung (*includes sputum*) - **Go to question 12**
- ☐ Upper gastrointestinal (GI) tract (*e.g. esophagus, stomach*) - **Go to question 12**
- ☐ Skin - **Go to question 12**
- ☐ Spleen - **Go to question 12**
- ☐ Other sample source - **Go to question 11**

11. Specify other sample source: _____

12. KOH / Calcofluor / Giemsa stain

- ☐ Yes - **Go to question 13**
- ☐ No - **Go to question 15**
- ☐ Unknown - **Go to question 15**

13. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)

- ☐ Bone - **Go to question 15**
- ☐ Central nervous system (CNS) - **Go to question 15**
- ☐ Liver - **Go to question 15**
- ☐ Lung (*includes sputum*) - **Go to question 15**
- ☐ Upper gastrointestinal (GI) tract (*e.g. esophagus, stomach*) - **Go to question 15**
- ☐ Skin - **Go to question 15**
- ☐ Spleen - **Go to question 15**

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- ☐ Other sample source - **Go to question 14**

14. Specify other sample source: _____

15. Galactomannan assay

- ☐ Yes - **Go to question 16**
☐ No - **Go to question 18**
☐ Unknown - **Go to question 18**

16. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)

- ☐ Blood (*includes whole blood, serum, or plasma*) - **Go to question 18**
☐ Bronchial fluid (BAL) - **Go to question 18**
☐ Cerebrospinal fluid (CSF) - **Go to question 18**
☐ Other sample source - **Go to question 17**

17. Specify other sample source: _____

18. 1,3-Beta-D-glucan (Fungitel) assay

- ☐ Yes - **Go to question 19**
☐ No - **Go to question 21**
☐ Unknown - **Go to question 21**

19. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)

- ☐ Blood (*includes whole blood, serum, or plasma*) - **Go to question 21**
☐ Bronchial fluid (BAL) - **Go to question 21**
☐ Cerebrospinal fluid (CSF) - **Go to question 21**
☐ Other sample source - **Go to question 20**

20. Specify other sample source: _____

21. PCR assay

- ☐ Yes - **Go to question 22**
☐ No - **Go to question 26**
☐ Unknown - **Go to question 26**

22. Specify sample source that supported the diagnosis of fungal infection (*check all that apply*)

- ☐ Blood (*includes whole blood, serum, or plasma*) - **Go to question 24**
☐ Bronchial fluid (BAL) - **Go to question 24**
☐ Cerebrospinal fluid (CSF) - **Go to question 24**

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- ☐ Tissue - **Go to question 24**
- ☐ Other sample source - **Go to question 23**

23. Specify other sample source: _____

24. Specify tissue (*check all that apply*)

- ☐ Brain - **Go to question 26**
- ☐ Eye - **Go to question 26**
- ☐ Upper gastrointestinal (GI) tract (*e.g. esophagus, stomach*) - **Go to question 26**
- ☐ Liver - **Go to question 26**
- ☐ Lung - **Go to question 26**
- ☐ Skin - **Go to question 26**
- ☐ Other tissue - **Go to question 25**

25. Specify other tissue: _____

Treatment of Infection

Specify all medications received by the recipient from 7 days prior to the date of infection diagnosis until the end of the reporting period for this form. If the recipient received the medication, please record the date that the medication started.

26. Did the recipient receive any therapy between 7 days prior to the date of infection diagnosis and the date of infusion?

- ☐ Yes - **Go to question 27**
- ☐ No - **Go to question 31**

Antifungal drugs

Copy and complete questions 27-30 to report multiple antifungal drugs.

27. Antifungal drugs

- ☐ Amphotericin products (Amphocin, Fungizone, Ambisome, Abelcet, Amphotec) - **Go to question 29**
- ☐ Anidulafungin (Eraxis) - **Go to question 29**
- ☐ Caspofungin (Cancidas) - **Go to question 29**
- ☐ Fluconazole (Diflucan) - **Go to question 29**
- ☐ Isavuconazole (Cresemba) - **Go to question 29**
- ☐ Itraconazole (Sporanox) - **Go to question 29**
- ☐ Micafungin (Mycamine) - **Go to question 29**
- ☐ Posaconazole (Noxafil) - **Go to question 29**

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- ☐ Voriconazole (Vfend) - **Go to question 29**
- ☐ Other antifungal drug - **Go to question 28**

28. Specify other antifungal drug: _____

29. Date therapy started

- ☐ Known - **Go to question 30**
- ☐ Unknown - **Go to question 31**

30. Date started: _____
 YYYY MM DD

Copy and complete questions 27-30 to report multiple antifungal drugs.

31. What was the status of the infection? *(at the last evaluation prior to the start of the preparative regimen)*

- ☐ Ongoing
- ☐ Improved
- ☐ Resolved
- ☐ Unknown