Instructions for Fungal Infection Post-Infusion Data (2146)

This section of the CIBMTR Forms Instruction Manual is intended to be a resource for completing the Fungal Infection Post-Infusion Data (2146).

Fungal Infection Post-Infusion Data (2146)

The Fungal Infection Post-Infusion Data (2146) captures information regarding the diagnosis, treatment, and response to treatment of fungal infections diagnosed after receiving an HCT or cellular therapy. This form must be completed when one of the fungal infections listed below has been reported on the Post-Infusion Follow-Up (2100). One form will be completed for each applicable infection reported.

The following infections will cause a Fungal Infection Post-Infusion Data (2146) Form to come due when reported on the Post-Infusion Follow-Up (2100) Form:

- Aspergillus flavus
- Aspergillus fumigatus
- Aspergillus niger
- Aspergillus, NOS
- Aspergillus terreus
- Aspergillus ustus
- Blastomyces (dermatitidis)
- Candida albicans
- Candida non-albicans
- Cryptococcus gattii
- Cryptococcus neoformans
- Fusarium (all species)
- Histoplamsa (capsulatum)
- Mucorales (all species)
- Rhizopus (all species)
- Scedosporium (all species)
- Zygomycetes, NOS
- Suspected fungal infection

Refer to the Fungal Infection Pre-Infusion Data (2046) section of the Forms Instructions Manual for definitions of common terms concerning fungal infections.

Links to Sections of Form:

Q1-25: Infection Episode
Q26-42: Hematologic Findings at Diagnosis of Infection
Q43-49: Treatment of Infection

Manual Updates:
Sections of the Forms Instruction Manual are frequently updated. The most recent updates for the current manual version can be found below. For additional information, select the manual section and review the updated text.

To review the historical Manual Change History for this manual, reference the retired manual section on the Retired Forms Manuals webpage.

Date	Manual Section	Add/Remove/Modify	Description
2/27/2026	2146: Fungal Infection Post-Infusion Data	Modify	Version 3 of the 2146: Fungal Infection Post-Infusion Data section of the Forms Instructions Manual released. Version 3 corresponds to revision 5 of the Form 2146.

Q1 – 25: Infection Episode

Question 1: Organism

This field is auto-populated to match the fungus reported on the Post-Infusion Follow-Up (2100). Review the value to ensure it is accurate. A Fungal Infection Post-Infusion Data (2146) Form will come due for each applicable infection reported on the Post-Infusion Follow-Up (2100) Form so it is imperative to identify the fungal infection to which this form will correspond.

If multiple infections of the same fungus are reported during the same reporting period, the center must complete a Fungal Infection Post-Infusion Data (2146) Form for each infection instance, or episode, reported

Question 2: Date of infection diagnosis

This field is auto-populated to match the date reported on the Post-Infusion Follow-Up (2100) Form. Review the value to ensure it is accurate. See the Post-Infusion Follow-Up (2100) section of the manual for further instructions on reporting the date of diagnosis.

If multiple infections of the same virus are reported in the same reporting period, the

diagnosis reported will clarify for which infection episode the form is being completed.

Diagnostic Results
Report all testing that had positive results and which indicated the fungal infection was present. Do not report negative or indeterminate / equivocal testing.

Questions 3 – 25: Diagnostic testing

If the recipient was diagnosed with multiple fungal infections during the reporting period, a separate Fungal Infection Post-Infusion Data (2146) Form must be completed for each organism. Ensure that the test results reported in these questions reflect only the assessments used to identify the infection or organism for the form being completed.

Only report methods performed and samples collected (or sites assessed for radiological findings) within 14 days (+/ -) of the diagnosis date reported above.

For each assessment, specify if the results were positive for the fungal infection using the following guidelines:

- **Yes**: Assessment was completed within 14 days (+ / -) of the infection diagnosis date and positive for signs of the fungal infection being reported. If **Yes**, specify the site(s) of where the infection was detected. If the site is not listed, select the 'other' option and specify.
- **No**: Assessment was not or unknown if performed within 14 days (+ / -) of the infection diagnosis date, was completed but not positive for the reporting fungal infection, or the results were 'equivocal' or 'indeterminate.'

If the significance of the test result is unclear, seek clinician clarification.

Diagnostic Assessments

- Radiographic findings (e.g., x-ray, CT, or MRI): Includes imaging such as x-ray, CT, PET, or MRI. These assessments can show infection but do not identify the organism.
- Pathology: Biopsy or fine needle aspirate samples are evaluated by microscopy (without incubation). If culture or staining was performed, report under those methods. Review the results and / or interpretation section of the pathology report.
- Culture: Samples are incubated in media to detect fungal growth. Results are generally found in the microbiology / virology section of the medical record and are determined based on colony formation and growth, in addition to microscopic assessment. If staining was done after incubation, report under the staining method below.

- KOH / Calcofluor / Giemsa stain: Samples, usually fluids like sputum or wash samples, are stained and examined under microscopy to determine if fungal cells are present (positive) or absent (negative).
    - KOH: Potassium hydroxide (fungal wet prep)
    - Calcofluor: Binds fungal cell walls
    - Giemsa: Often used for Histoplasma
- Galactomannan assay: Uses ELISA method to detect galactomannan (specific to Aspergillus genus) in a sample. This test does not determine the Aspergillus subtype and additional testing is required.
- 1,3-Beta-D-glucan (Fungitel) assay: Uses ELISA method to detect beta-D-glucan (found in Candida, Aspergillus, and others). This test does not determine the fungal subtype and additional testing is required.
- PCR assay: Detects fungal DNA using polymerase chain reaction (PCR). Presence and classification of fungi are assessed by identifying DNA sequences unique to specific fungi. Results are generally found in the microbiology / virology or the molecular pathology section of the medical record.

Section Updates

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (if applicable)

Q26 – 42: Hematologic Findings at Diagnosis of Infection

Hematologic Findings
Report values within seven days (+ / -) of the infection diagnosis date. If the lab was assessed multiple times within seven days (+ / -) of the diagnosis date, report the closest value.

Question 26: Date of complete blood count

Report the date of the complete blood count (CBC) performed closest to the date of diagnosis of the fungal infection being reported on this form. The CBC must have been performed within seven days of the date of diagnosis. If a CBC was not performed within seven days (+ / -) of the infection diagnosis date, leave the data field blank and override the FormsNet3^{SM} error.

If the exact date is not known, refer to General Instructions, General Guidelines for Completing Forms, for information about reporting partial or unknown dates.

Questions 27 – 36: Complete blood count results

For each value below, indicate whether the value was **Known** on the date reported above. If **Known**, report the value and corresponding units, if applicable.

- WBC: The white blood cell count is a value that represents all of the white blood cells in the blood. If the count is too high or too low, the ability to fight infection may be impaired.
- Neutrophils: Neutrophils are a subtype of white blood cell that fights infection. The value on the laboratory report may be a percentage or an absolute value. If an absolute value is reported, divide it by the white blood cell count for a percentage. Neutrophils are also known as polymorphonuclear leukocytes (PMNs).
- Monocytes: Monocytes are a type of white blood cell and are part of the innate immune response. The value on the laboratory report may be a percentage or an absolute value. If an absolute value is reported, divide it by the white blood cell count for a percentage.
- Lymphocytes: Lymphocytes are another subtype of white blood cell that fights infection. The value on the laboratory report may be a percentage of an absolute value. If an absolute value is reported, divide it by the white blood cell count for a percentage.
- Platelets: Platelets are formed elements within the blood that help with coagulation. A low platelet count, called thrombocytopenia, may lead to easy bleeding or bruising. Thrombocytopenia may require platelet transfusions.

Questions 37 – 39: Serum creatinine

Specify if the serum creatinine was **Known** within seven days of the infection diagnosis date. If **Known**, report the value, units of measurement, and the upper limit of normal for the lab report. If the serum creatinine was assessed multiple times, report the value closest to the diagnosis date.

If a serum creatinine test was not performed within the indicated time window, or it is not known if a serum creatinine test was performed, report **Unknown**.

Questions 40 – 42: ALT (SGPT)

Specify if the ALT (SGPT) was **Known** within seven days of the infection diagnosis date. If **Known**, report the value, units pf measurement, and the upper limit of normal for the lab report.

If an ALT test was not performed within the indicated time window, or it is not known if a test was performed, report **Unknown**.

Section Updates

Question Number	Date of Change	Add/Remove/Modify	Description	Reasoning (if applicable)

Q43 – 49: Treatment of Infection

Question 43: Did the recipient receive any therapy between 7 days prior to the date of infection diagnosis and the date of contact for this reporting period?

Specify if any antifungal drugs were given between seven days prior to the infection diagnosis date and the contact date.

If the dose of fungal prophylaxis increased between seven days prior to the infection diagnosis date and the contact date, select **Yes**.

If antifungal drugs were not given between seven days prior to the infection diagnosis date and the contact date, or it is unknown if given, select **No**.

Reporting Multiple Antifungal Drugs
Complete *Antifungal drugs* through *Was this therapy still be given at (+ / - 3 days) after the diagnosis date of infection* questions to report all antifungal drugs given between seven days prior to the diagnosis date and the contact date by adding an additional instance in the FormsNet3^{SM} application.

Questions 44 – 47: Antifungal drugs

Specify the antifungal drug given seven days prior to the infection diagnosis date and the contact date and the therapy start date. If an antifungal drug was given but not listed, select **Other antifungal drug** and specify.

If an antifungal drug was started greater than seven days prior to the date of infection diagnosis and continued within seven days of the diagnosis date, report the therapy start date as seven days prior to the infection diagnosis.

If the exact start date is not known, use the guidelines for reporting estimated dates in General Instructions, General Guidelines for Completing Forms.

Question 48: Was this therapy still being given at 30 days (+/- 3 days) after the date of diagnosis of infection?

Indicate whether the treatment being reported in this instance was still being given 30 days (+ / – three days) after the date of diagnosis. This includes treatment which may have been interrupted but was still being given 30 days (+ / – three days) after diagnosis.

If the fungal infection reported on this form was diagnosed within 30 days (+ / – three days) of the date of contact for this reporting period, indicate whether the drug was still being given on the date of contact.

If it is not known whether treatment was still being given within the time window indicated above, leave this question blank and override the error in FormsNet3^{SM}.

Question 49: What was the status of the infection?

Report the status of the fungal infection on the date of contact for this reporting period based on the primary care provider's clinical judgement.

If the status of the infection is not documented, seek clinician clarification.

Select **Ongoing** if the infection is still present but cannot be considered improved or resolved.

Section Updates

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