



# ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Initials:

Today's Date:

  
Month Day  
  
2 0  
Year

Infusion Date:

  
Month Day  
  
2 0  
Year

CIBMTR Center Number:

CIBMTR Center Number:

CIBMTR Recipient ID:

16. Fusarium

- 1  yes  
2  no

Specify the following for the first incidence of Fusarium infection:

17. Specify the site of infection:

18. Specify the date of onset:   
Month Day  
  
Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

19. First diagnostic test:  20. Second diagnostic test:  21. Third diagnostic test:

Specify the following for the second incidence of Fusarium infection:

22. Specify the site of infection:

23. Specify the date of onset:   
Month Day  
  
Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

24. First diagnostic test:  25. Second diagnostic test:  26. Third diagnostic test:

27. Mucormycosis

- 1  yes  
2  no

Specify the following for the first incidence of Mucormycosis infection:

28. Specify the site of infection:

29. Specify the date of onset:   
Month Day  
  
Year

Specify the diagnostic test(s) used to confirm the first incidence of infection:

30. First diagnostic test:  31. Second diagnostic test:  32. Third diagnostic test:

Specify the following for the second incidence of Mucormycosis infection:

33. Specify the site of infection:

34. Specify the date of onset:   
Month Day  
  
Year

Specify the diagnostic test(s) used to confirm the second incidence of infection:

35. First diagnostic test:  36. Second diagnostic test:  37. Third diagnostic test:



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Today's Date:

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2	0											
Month	Day	Year										

Infusion Date:

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## History of Antifungal Therapy

For each infection listed at questions 1–59, complete the antifungal therapy section below. For post-preparative regimen infections, include therapy (treatment) given up to 6 months after the diagnosis of the infection.

**For the therapy table below, see codes on page 6. Therapy paused for < 1 week should *not* be considered as "Therapy Stopped." If > 3 courses of therapy were given, copy this section and complete for each additional course.**

Therapy Given?	Date Started			Daily Dose	Reason Started	Therapy Stopped?	Date Stopped			Reason Stopped	
	Month	Day	Year	mg	Code		Month	Day	Year	Code	
<b>IV amphotericin (Fungizone)</b>											
60. First course											
1 <input type="checkbox"/> yes →				62. <table border="1" style="width: 20px; height: 20px;"></table>	63. <input type="checkbox"/>	64. 1 <input type="checkbox"/> yes →				66. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
67. Second course											
1 <input type="checkbox"/> yes →				69. <table border="1" style="width: 20px; height: 20px;"></table>	70. <input type="checkbox"/>	71. 1 <input type="checkbox"/> yes →				73. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
74. Third course											
1 <input type="checkbox"/> yes →				76. <table border="1" style="width: 20px; height: 20px;"></table>	77. <input type="checkbox"/>	78. 1 <input type="checkbox"/> yes →				80. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
<b>IV amphotericin lipid formulation (e.g., Abelcet, AmBisome, Amphotec)</b>											
81. Specify therapy given: _____											
82. First course											
1 <input type="checkbox"/> yes →				84. <table border="1" style="width: 20px; height: 20px;"></table>	85. <input type="checkbox"/>	86. 1 <input type="checkbox"/> yes →				88. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
89. Second course											
1 <input type="checkbox"/> yes →				91. <table border="1" style="width: 20px; height: 20px;"></table>	92. <input type="checkbox"/>	93. 1 <input type="checkbox"/> yes →				95. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
96. Third course											
1 <input type="checkbox"/> yes →				98. <table border="1" style="width: 20px; height: 20px;"></table>	99. <input type="checkbox"/>	100. 1 <input type="checkbox"/> yes →				102. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
<b>Caspofungin (Cancidas)</b>											
103. First course											
1 <input type="checkbox"/> yes →				105. <table border="1" style="width: 20px; height: 20px;"></table>	106. <input type="checkbox"/>	107. 1 <input type="checkbox"/> yes →				109. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
110. Second course											
1 <input type="checkbox"/> yes →				112. <table border="1" style="width: 20px; height: 20px;"></table>	113. <input type="checkbox"/>	114. 1 <input type="checkbox"/> yes →				116. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
117. Third course											
1 <input type="checkbox"/> yes →				119. <table border="1" style="width: 20px; height: 20px;"></table>	120. <input type="checkbox"/>	121. 1 <input type="checkbox"/> yes →				123. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
<b>Fluconazole (Diflucan)</b>											
124. First course											
1 <input type="checkbox"/> yes →				126. <table border="1" style="width: 20px; height: 20px;"></table>	127. <input type="checkbox"/>	128. 1 <input type="checkbox"/> yes →				130. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
131. Second course											
1 <input type="checkbox"/> yes →				133. <table border="1" style="width: 20px; height: 20px;"></table>	134. <input type="checkbox"/>	135. 1 <input type="checkbox"/> yes →				137. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					
138. Third course											
1 <input type="checkbox"/> yes →				140. <table border="1" style="width: 20px; height: 20px;"></table>	141. <input type="checkbox"/>	142. 1 <input type="checkbox"/> yes →				144. <input type="checkbox"/>	
2 <input type="checkbox"/> no						2 <input type="checkbox"/> no					

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	2	0	Year	

Infusion Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month	Day	2	0	Year	

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Therapy Given?	Date Started	Daily Dose	Reason Started	Therapy Stopped?	Date Stopped	Reason Stopped
<b>Itraconazole (Sporanox)</b>	Month Day Year	mg	Code		Month Day Year	Code
145. First course	1 <input type="checkbox"/> yes → 146. <input type="text"/>	147. <input type="text"/>	148. <input type="checkbox"/>	149. 1 <input type="checkbox"/> yes → 150. <input type="text"/>	151. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
152. Second course	1 <input type="checkbox"/> yes → 153. <input type="text"/>	154. <input type="text"/>	155. <input type="checkbox"/>	156. 1 <input type="checkbox"/> yes → 157. <input type="text"/>	158. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
159. Third course	1 <input type="checkbox"/> yes → 160. <input type="text"/>	161. <input type="text"/>	162. <input type="checkbox"/>	163. 1 <input type="checkbox"/> yes → 164. <input type="text"/>	165. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		

<b>Micafungin (Mycamine)</b>						
166. First course	1 <input type="checkbox"/> yes → 167. <input type="text"/>	168. <input type="text"/>	169. <input type="checkbox"/>	170. 1 <input type="checkbox"/> yes → 171. <input type="text"/>	172. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
173. Second course	1 <input type="checkbox"/> yes → 174. <input type="text"/>	175. <input type="text"/>	176. <input type="checkbox"/>	177. 1 <input type="checkbox"/> yes → 178. <input type="text"/>	179. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
180. Third course	1 <input type="checkbox"/> yes → 181. <input type="text"/>	182. <input type="text"/>	183. <input type="checkbox"/>	184. 1 <input type="checkbox"/> yes → 185. <input type="text"/>	186. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		

<b>Posaconazole (Noxafil)</b>						
187. First course	1 <input type="checkbox"/> yes → 188. <input type="text"/>	189. <input type="text"/>	190. <input type="checkbox"/>	191. 1 <input type="checkbox"/> yes → 192. <input type="text"/>	193. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
194. Second course	1 <input type="checkbox"/> yes → 195. <input type="text"/>	196. <input type="text"/>	197. <input type="checkbox"/>	198. 1 <input type="checkbox"/> yes → 199. <input type="text"/>	200. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
201. Third course	1 <input type="checkbox"/> yes → 202. <input type="text"/>	203. <input type="text"/>	204. <input type="checkbox"/>	205. 1 <input type="checkbox"/> yes → 206. <input type="text"/>	207. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		

<b>Voriconazole (Vfend)</b>						
208. First course	1 <input type="checkbox"/> yes → 209. <input type="text"/>	210. <input type="text"/>	211. <input type="checkbox"/>	212. 1 <input type="checkbox"/> yes → 213. <input type="text"/>	214. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
215. Specify drug level:	<input type="text"/>	µg/mL	216. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown
217. Specify drug level:	<input type="text"/>	µg/mL	218. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown
219. Specify drug level:	<input type="text"/>	µg/mL	220. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown
221. Second course	1 <input type="checkbox"/> yes → 222. <input type="text"/>	223. <input type="text"/>	224. <input type="checkbox"/>	225. 1 <input type="checkbox"/> yes → 226. <input type="text"/>	227. <input type="checkbox"/>	
	2 <input type="checkbox"/> no			2 <input type="checkbox"/> no		
228. Specify drug level:	<input type="text"/>	µg/mL	229. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown
230. Specify drug level:	<input type="text"/>	µg/mL	231. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown
232. Specify drug level:	<input type="text"/>	µg/mL	233. Date:	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> not tested / unknown



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### Codes for Commonly Reported Fungal Organisms

211 Aspergillus flavus	219 Other aspergillus, specify above	230 Fusarium species	242 Rhizopus
212 Aspergillus fumigatus	210 Aspergillus, not otherwise specified	240 Zygomycetes, not otherwise specified	503 Suspected fungal infection
213 Aspergillus niger	241 Mucormycosis		

### Codes for Common Sites of Infection

<b>1</b> Blood / buffy coat <b>2</b> Disseminated – generalized, isolated at 3 or more distinct sites <b>Central Nervous System</b> <b>4</b> Brain <b>5</b> Spinal cord <b>6</b> Meninges and CSF <b>3</b> Central nervous system, not specified <b>Gastrointestinal Tract</b> <b>11</b> Lips <b>12</b> Tongue, oral cavity and oro-pharynx <b>13</b> Esophagus <b>14</b> Stomach <b>15</b> Gallbladder and biliary tree (not hepatitis), pancreas <b>16</b> Small intestine	<b>17</b> Large intestine <b>18</b> Feces / stool <b>19</b> Peritoneum <b>20</b> Liver <b>10</b> Gastrointestinal tract, not specified <b>Respiratory Tract</b> <b>31</b> Upper airway and nasopharynx <b>32</b> Laryngitis / larynx <b>33</b> Lower respiratory tract (lung) <b>34</b> Pleural cavity, pleural fluid <b>35</b> Sinuses <b>30</b> Respiratory tract, not otherwise specified	<b>Genito-Urinary Tract</b> <b>41</b> Kidneys, renal pelvis, ureters and bladder <b>42</b> Prostate <b>43</b> Testes <b>44</b> Fallopian tubes, uterus, cervix <b>45</b> Vagina <b>40</b> Genito-urinary tract, not specified <b>Skin</b> <b>51</b> Genital area <b>52</b> Cellulitis <b>53</b> Herpes zoster <b>54</b> Rash, pustules or abscesses not typical of any of the above <b>50</b> Skin, not otherwise specified	<b>Other</b> <b>60</b> Central venous catheter, not specified <b>61</b> Catheter insertion or exit site <b>62</b> Catheter tip <b>70</b> Eyes <b>75</b> Ears <b>81</b> Joints <b>82</b> Bone marrow <b>83</b> Bone cortex (osteomyelitis) <b>84</b> Muscle (excluding cardiac) <b>85</b> Cardiac (endocardium, myocardium, pericardium) <b>86</b> Lymph nodes <b>87</b> Spleen
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### Codes for Diagnostic Tests

- 1 Biopsy    2 Culture    3 Cytology    4 KOH / calcofluor stain    5 Aspergillus galactomannan assay    6 Unknown

### Codes for Antifungal Therapy Started

- 1 Prophylaxis    2 Empiric therapy due to suspected infection    3 Documented infection    4 Planned post-HSCT therapy

### Codes for Antifungal Therapy Stopped

- 1 Therapy complete    2 Toxicity    3 Infection worsened