Form 2046 R3.0: Fungal Infection Pre-HSCT Date

Center: CRID:

Key Fields

Sequence Number: __________________________
Date Received: __-__-__
CIBMTR Center Number: __________________________
CIBMTR Recipient ID: __________________________
Today's Date: __-__-__
Date of HSCT for which this form is being completed: __-__-__

HSCT type: (check all that apply)
- Autologous
- Allogeneic, unrelated
- Allogeneic, related
- Syngeneic (identical twin)

Product type: (check all that apply)
- Marrow
- PBSC
- Cord blood
- Other product

Specify: __________________________

History of Clinically Significant Fungal Infection Questions: 1 - 59

1 Aspergillus

yes no

Specify the following for the first incidence of Aspergillus infection:

2 Specify the Aspergillus species: __________________________

3 If Other Aspergillus, please specify: __________________________

4 Specify the site of infection: __________________________

5 Specify the date of onset: __-__-__

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

6 First diagnostic test: __________________________

7 Second diagnostic test: __________________________

8 Third diagnostic test: __________________________

Specify the following for the second incidence of Aspergillus infection:

9 Specify the Aspergillus species: __________________________

10 If Other Aspergillus, please specify: __________________________

11 Specify the site of infection: __________________________

12 Specify the date of onset: __-__-__

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

13 First diagnostic test: __________________________

14 Second diagnostic test: __________________________
Third diagnostic test: __________________________

Fusarium

Specify the following for the first incidence of Fusarium infection:

16 Specify the site of infection: __________________________

Specify the date of onset: __ __ __ __

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

First diagnostic test: __________________________

Second diagnostic test: __________________________

Third diagnostic test: __________________________

Specify the following for the second incidence of Fusarium infection:

Specify the site of infection: __________________________

Specify the date of onset: __ __ __ __

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

First diagnostic test: __________________________

Second diagnostic test: __________________________

Third diagnostic test: __________________________

Mucormycosis

Specify the following for the first incidence of Mucormycosis infection:

Specify the site of infection: __________________________

Specify the date of onset: __ __ __ __

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

First diagnostic test: __________________________

Second diagnostic test: __________________________

Third diagnostic test: __________________________

Specify the following for the second incidence of Mucormycosis infection:

Specify the site of infection: __________________________

Specify the date of onset: __ __ __ __

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

First diagnostic test: __________________________

Second diagnostic test: __________________________

Third diagnostic test: __________________________

Rhizopus

Specify the following for the first incidence of Rhizopus infection:

Specify the site of infection: __________________________

Specify the date of onset: __ __ __ __

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

First diagnostic test: __________________________

Second diagnostic test: __________________________
Third diagnostic test: ____________________________

Specify the following for the second incidence of Rhizopus infection:

Specify the site of infection: ____________________________

Specify the date of onset: __ __ __ __ - __ __

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

First diagnostic test: ____________________________

Second diagnostic test: ____________________________

Third diagnostic test: ____________________________

Zygomycetes

yes    no

Specify the following for the first incidence of Zygomycetes infection:

Specify the site of infection: ____________________________

Specify the date of onset: __ __ __ __ - __ __

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

First diagnostic test: ____________________________

Second diagnostic test: ____________________________

Third diagnostic test: ____________________________

Specify the following for the second incidence of Zygomycetes infection:

Specify the site of infection: ____________________________

Specify the date of onset: __ __ __ __ - __ __

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

First diagnostic test: ____________________________

Second diagnostic test: ____________________________

Third diagnostic test: ____________________________

History of Antifungal Therapy

Questions: 60 - 130

IV amphotericin (Fungizone) (1)

Questions: 60 - 66

Course given?

yes    no

Date Started __ __ __ __ - __ __ - __ __

Daily Dose: ____________________________ mg

Reason for antifungal therapy started:

- Prophylaxis
- Empiric therapy due to suspected infection
- Documented infection
- Planned post-HSCT therapy

Therapy Stopped?

yes    no

Date Stopped __ __ __ __ - __ __ - __ __
<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Reason antifungal therapy stopped:</td>
</tr>
<tr>
<td></td>
<td>· Therapy complete</td>
</tr>
<tr>
<td></td>
<td>· Toxicity</td>
</tr>
<tr>
<td></td>
<td>· Infection worsened</td>
</tr>
<tr>
<td>67</td>
<td>Course given?</td>
</tr>
<tr>
<td></td>
<td>· yes</td>
</tr>
<tr>
<td></td>
<td>· no</td>
</tr>
<tr>
<td>68</td>
<td>Specify therapy given:</td>
</tr>
<tr>
<td>69</td>
<td>Date Started __ __ __ __ - __ __</td>
</tr>
<tr>
<td>70</td>
<td>Daily Dose: __________________ mg</td>
</tr>
<tr>
<td>71</td>
<td>Reason for antifungal therapy started:</td>
</tr>
<tr>
<td></td>
<td>· Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>· Empiric therapy due to suspected infection</td>
</tr>
<tr>
<td></td>
<td>· Documented infection</td>
</tr>
<tr>
<td></td>
<td>· Planned post-HSCT therapy</td>
</tr>
<tr>
<td>72</td>
<td>Therapy Stopped?</td>
</tr>
<tr>
<td></td>
<td>· yes</td>
</tr>
<tr>
<td></td>
<td>· no</td>
</tr>
<tr>
<td>73</td>
<td>Date Stopped __ __ __ __ - __ __</td>
</tr>
<tr>
<td>74</td>
<td>Reason antifungal therapy stopped:</td>
</tr>
<tr>
<td></td>
<td>· Therapy complete</td>
</tr>
<tr>
<td></td>
<td>· Toxicity</td>
</tr>
<tr>
<td></td>
<td>· Infection worsened</td>
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<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>75</td>
<td>Course given?</td>
</tr>
<tr>
<td></td>
<td>· yes</td>
</tr>
<tr>
<td></td>
<td>· no</td>
</tr>
<tr>
<td>76</td>
<td>Date Started __ __ __ __ - __ __</td>
</tr>
<tr>
<td>77</td>
<td>Daily Dose: __________________ mg</td>
</tr>
<tr>
<td>78</td>
<td>Reason for antifungal therapy started:</td>
</tr>
<tr>
<td></td>
<td>· Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>· Empiric therapy due to suspected infection</td>
</tr>
<tr>
<td></td>
<td>· Documented infection</td>
</tr>
<tr>
<td></td>
<td>· Planned post-HSCT therapy</td>
</tr>
<tr>
<td>79</td>
<td>Therapy Stopped?</td>
</tr>
<tr>
<td></td>
<td>· yes</td>
</tr>
<tr>
<td></td>
<td>· no</td>
</tr>
<tr>
<td>80</td>
<td>Date Stopped __ __ __ __ - __ __</td>
</tr>
</tbody>
</table>
Reason antifungal therapy stopped:

- Therapy complete
- Toxicity
- Infection worsened

Course given?
- yes
- no

Date Started __ __ __ __ - __ __ __ __

Daily Dose: __ __ __ __ __ __ __ __ mg

Reason for antifungal therapy started:
- Prophylaxis
- Empiric therapy due to suspected infection
- Documented infection
- Planned post-HSCT therapy

Therapy Stopped?
- yes
- no

Date Stopped __ __ __ __ - __ __ __ __

Reason antifungal therapy stopped:
- Therapy complete
- Toxicity
- Infection worsened

Questions: 82 - 88

Fluconazole (Diflucan) (1)

Questions: 89 - 95

Itraconazole (Sporanox) (1)
Micafungin (Mycamine) (1) Questions: 96 - 102

96 Course given?

  yes  no

97 Date Started __ __ __ __ - __ __- __ __

98 Daily Dose: ____________________ mg

99 Reason for antifungal therapy started:

  - Prophylaxis
  - Empiric therapy due to suspected infection
  - Documented infection
  - Planned post-HSCT therapy

100 Therapy Stopped?

  yes  no

101 Date Stopped __ __ __ __ - __ __- __ __

102 Reason antifungal therapy stopped:

  - Therapy complete  - Toxicity  - Infection worsened

Posaconazole (Noxafil) (1) Questions: 103 - 109

103 Course given?

  yes  no

104 Date Started __ __ __ __ - __ __- __ __

105 Daily Dose: ____________________ mg

106 Reason for antifungal therapy started:

  - Prophylaxis
  - Empiric therapy due to suspected infection
  - Documented infection
  - Planned post-HSCT therapy

107 Therapy Stopped?

  yes  no

108 Date Stopped __ __ __ __ - __ __- __ __

109 Reason antifungal therapy stopped:

  - Therapy complete  - Toxicity  - Infection worsened

Voriconazole (Vfend) (1) Questions: 110 - 122

110 Course given?

  yes  no

111 Date Started __ __ __ __ - __ __- __ __

112 Daily Dose: ____________________ mg

113 Reason for antifungal therapy started:

  - Prophylaxis
  - Empiric therapy due to suspected infection
  - Documented infection
  - Planned post-HSCT therapy

114 Therapy Stopped?

  yes  no

115 Date Stopped __ __ __ __ - __ __- __ __

116 Reason antifungal therapy stopped:

  - Therapy complete  - Toxicity  - Infection worsened
110 Course given?
- yes
- no

111 Date Started __ __ __ __ - __ __- __ __

112 Daily Dose: ____________________ mg

113 Reason for antifungal therapy started:
- Prophylaxis
- Empiric therapy due to suspected infection
- Documented infection
- Planned post-HSCT therapy

114 Therapy Stopped?
- yes
- no

115 Date Stopped __ __ __ __

116 Reason antifungal therapy stopped:
- Therapy complete
- Toxicity
- Infection worsened

117 Specify drug level: ____________________ µg/mL

118 Date: __ __ __ __ - __ __- __ __ not tested / unknown

119 Specify drug level: ____________________ µg/mL

120 Date: __ __ __ __ - __ __- __ __ not tested / unknown

121 Specify drug level: ____________________ µg/mL

122 Date: __ __ __ __ - __ __- __ __ not tested / unknown

---

123 Course given?
- yes
- no

124 Specify antifungal agent: ____________________

125 Date Started __ __ __ __ - __ __

126 Daily Dose: ____________________ mg

127 Reason for antifungal therapy started:
- Prophylaxis
- Empiric therapy due to suspected infection
- Documented infection
- Planned post-HSCT therapy

128 Therapy Stopped?
- yes
- no
Date Stopped __ __ __ __ - __ __- __ __

Reason antifungal therapy stopped:

- Therapy complete
- Toxicity
- Infection worsened

First Name: ___________________________ Last Name: ___________________________
Phone number: ________________________ Fax number: ___________________________
E-mail address: _______________________