**Form 2146 R2.0: Fungal Infection Post-HSCT Data**

**Center:**

**CRID:**

### Key Fields

<table>
<thead>
<tr>
<th>Sequence Number:</th>
<th>Date Received: __ __ __ __ - __ __- __ __</th>
</tr>
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<tbody>
<tr>
<td>CIBMTR Center Number:</td>
<td>CIBMTR Recipient ID:</td>
</tr>
<tr>
<td>Today's Date:</td>
<td>HSCT type: (check all that apply)</td>
</tr>
<tr>
<td>Date of HSCT for which this form is being completed: __ __ __ __ - __ __- __ __</td>
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</tr>
<tr>
<td>Marsrowe &amp; Woodbridge, Inc.</td>
<td>Visit:</td>
</tr>
<tr>
<td></td>
<td>100 day</td>
</tr>
<tr>
<td></td>
<td>6 months</td>
</tr>
<tr>
<td></td>
<td>1 year</td>
</tr>
<tr>
<td></td>
<td>2 years</td>
</tr>
<tr>
<td></td>
<td>&gt; 2 years</td>
</tr>
</tbody>
</table>

### History of Clinically Significant Fungal Infection

Specify the recipient’s history of clinically significant fungal infections that were diagnosed after the start of the preparative regimen. Report only Apergillus, Fusarium, Mucormycosis, Rhizopus, or Zygomycetes fungal species. If an infection recurs within 90 days, it is considered a single incidence.

1. **Aspergillus**
   - yes
   - no
   - Specify the following for the first incidence of Aspergillus Infection:
     2. Specify the Aspergillus species: _________________
     3. Other aspergillus, specify: _________________
     4. Specify the site of Aspergillus infection: _________________
     5. Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnostic test(s) used to confirm the first incidence of infection:

6  First diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

7  Second diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

8  Third diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

Specify the following for the second incidence of Aspergillus infection:

9  Specify the Aspergillus species: __________________________

10 Other aspergillus, specify: __________________________

11 Specify the site of Aspergillus infection: _________________________

12 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnosis test(s) used to confirm the second incidence of infection:

13 First diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

14 Second diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

15 Third diagnostic test:
   - Biopsy
   - Culture
   - Cytology
   - KOH / calcofluor stain
   - Aspergillus galactomannan assay
   - Unknown

16 Fusarium
   - yes
   - no

Specify the following for the first incidence of Fusarium infection:

17 Specify the site of Fusarium infection: __________________________

18 Specify the date of onset: __ __ __ __ - __ __ - __ __
Specify the diagnostic test(s) used to confirm the first incidence of infection:

19 First diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

20 Second diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

21 Third diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

Specify the following for the second incidence of Fusarium infection:

22 Specify the site of Fusarium infection:

23 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnosis test(s) used to confirm the second incidence of infection:

24 First diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

25 Second diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

26 Third diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

27 241 Mucormycosis

Specify the following for the first incidence of Mucormycosis infection:

28 Specify the site of infection: ____________________________

29 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnostic test(s) used to confirm the first incidence of infection:

30 First diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

31 Second diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

32 Third diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

Specify the following for the second incidence of Mucormycosis infection:

33 Specify the site of infection: ______________________

34 Specify the date of onset: ___ ___ ___ - ___ ___- ___ ___
Form 2146 R2.0: Fungal Infection Post-HSCT Data

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

35 First diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

36 Second diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

37 Third diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

38 242 Rhizopus
- yes
- no

Specify the following for the first incidence of Rhizopus infection:

39 Specify the site of Rhizopus infection: ____________________________

40 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnostic test(s) used to confirm the first incidence of infection:

41 First diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

42 Second diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

43 Third diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

Specify the following for the second incidence of Rhizopus infection:

44 Specify the site of Rhizopus infection: ________________________________

45 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnostic test(s) used to confirm the second incidence of infection:

46  First diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

47  Second diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

48  Third diagnostic test:

- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

49  Zygomycetes

- yes
- no

Specify the following for the first incidence of Zygomycetes infection:

50  Specify the site of infection: __________________________

51  Specify the date of onset: ___ ___ __ - ___ ___ ___
Specify the diagnostic test(s) used to confirm the first incidence of infection:

52 First diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

53 Second diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

54 Third diagnostic test:
- Biopsy
- Culture
- Cytology
- KOH / calcofluor stain
- Aspergillus galactomannan assay
- Unknown

Specify the following for the second incidence of Zygomycetes infection:

55 Specify the site of Zygomycetes infection:

56 Specify the date of onset: __ __ __ __ - __ __- __ __
Specify the diagnostic test(s) used to confirm the second incidence of infection:

<table>
<thead>
<tr>
<th>57</th>
<th>First diagnostic test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
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</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>Cytology</td>
<td></td>
</tr>
<tr>
<td>KOH / calcofluor stain</td>
<td></td>
</tr>
<tr>
<td>Aspergillus galactomannan assay</td>
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<table>
<thead>
<tr>
<th>58</th>
<th>Second diagnostic test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
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<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>Cytology</td>
<td></td>
</tr>
<tr>
<td>KOH / calcofluor stain</td>
<td></td>
</tr>
<tr>
<td>Aspergillus galactomannan assay</td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>59</th>
<th>Third diagnostic test:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy</td>
<td></td>
</tr>
<tr>
<td>Culture</td>
<td></td>
</tr>
<tr>
<td>Cytology</td>
<td></td>
</tr>
<tr>
<td>KOH / calcofluor stain</td>
<td></td>
</tr>
<tr>
<td>Aspergillus galactomannan assay</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
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<table>
<thead>
<tr>
<th>History of Antifungal Therapy</th>
<th>Questions: 60 - 130</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV amphotericin (Fungizone) (1)</td>
<td>Questions: 60 - 66</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60</th>
<th>Course given?</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td>no</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>61</th>
<th>Date Started</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>62</th>
<th>Daily Dose:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>mg</td>
</tr>
</tbody>
</table>
### 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

### Course given?
- Yes
- No

### Specify therapy given: IV amphotericin lipid formulation (e.g. Abelcet, AmBisome, Amphotec (1))

### Daily Dose: ________________ mg

### Reason 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

### Course given?
- Yes
- No

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

### Daily Dose: ________________ mg

### Caspofungin (Cancidas) (1)

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**Questions:** 63 - 74, 75 - 81

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**Mail, fax or email this form to Minneapolis. Fax: 612-627-5895. Email: scanform@nmdp.org. Retain the original form at the transplant center.**

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<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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</thead>
<tbody>
<tr>
<td>78 Reason for antifungal therapy started:</td>
<td>Prophylaxis</td>
</tr>
<tr>
<td>79 Therapy Stopped?</td>
<td>yes</td>
</tr>
<tr>
<td>80 Date Stopped</td>
<td>_ _ _ _ _ _</td>
</tr>
<tr>
<td>81 Reason Stopped:</td>
<td>Therapy complete, Toxicity, Infection worsened</td>
</tr>
<tr>
<td>82 Course given?</td>
<td>yes</td>
</tr>
<tr>
<td>83 Date Started</td>
<td>_ _ _ _ _ _</td>
</tr>
<tr>
<td>84 Daily Dose:</td>
<td>mg</td>
</tr>
<tr>
<td>85 Reason for antifungal therapy started:</td>
<td>Prophylaxis</td>
</tr>
<tr>
<td>86 Therapy Stopped?</td>
<td>yes</td>
</tr>
<tr>
<td>87 Date Stopped</td>
<td>_ _ _ _ _ _</td>
</tr>
<tr>
<td>88 Reason antifungal therapy stopped:</td>
<td>Therapy complete, Toxicity, Infection worsened</td>
</tr>
<tr>
<td>89 Course given?</td>
<td>yes</td>
</tr>
<tr>
<td>90 Date Started</td>
<td>_ _ _ _ _ _</td>
</tr>
<tr>
<td>91 Daily Dose:</td>
<td>mg</td>
</tr>
</tbody>
</table>

**Fluconazole (Diflucan) (1)**

**Itraconazole (Sporanox) (1)**
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

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

Date Started __ __ __ __

Daily Dose: ____________ mg
<table>
<thead>
<tr>
<th>Question</th>
<th>Reason for antifungal therapy started:</th>
</tr>
</thead>
<tbody>
<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>
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<table>
<thead>
<tr>
<th>Question</th>
<th>Therapy Stopped?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>no</td>
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<thead>
<tr>
<th>Question</th>
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<th>Reason antifungal therapy stopped:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Therapy complete</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toxicity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infection worsened</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Course given?</th>
</tr>
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<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>no</td>
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<tr>
<th>Question</th>
<th>Date Started</th>
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<thead>
<tr>
<th>Question</th>
<th>Reason for antifungal therapy started:</th>
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<tbody>
<tr>
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<td>Prophylaxis</td>
</tr>
<tr>
<td></td>
<td>Empiric therapy due to suspected infection</td>
</tr>
<tr>
<td></td>
<td>Documented infection</td>
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<tr>
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<td>Planned post-HSCT therapy</td>
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<thead>
<tr>
<th>Question</th>
<th>Therapy Stopped?</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
<td>no</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Date Stopped</th>
<th>Reason antifungal therapy stopped:</th>
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<tbody>
<tr>
<td></td>
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<td>Therapy complete</td>
</tr>
<tr>
<td></td>
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<td>Toxicity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Infection worsened</td>
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</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Specify drug level:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>µg/mL</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Date</th>
<th>Specify drug level:</th>
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<tbody>
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<td>µg/mL</td>
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<th>Date</th>
<th>Specify drug level:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>µg/mL</td>
</tr>
</tbody>
</table>

Voriconazole (Vfend) (1)
Form 2146 R2.0: Fungal Infection Post-HSCT Data

Other systemic antifungal agent (1)

Questions: 123 - 130

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

129 Date Stopped __ __ __ __ - __ __ __

130 Reason antifungal therapy stopped:
   [ ] Therapy complete  [ ] Toxicity  [ ] Infection worsened

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

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