

## ERROR CORRECTION FORM

Sequence Number:

CIBMTR Recipient ID:

Today's Date:

Infusion Date:

CIBMTR Center Number:

Visit:  100 day  6 month   year

Initials:

### Form 2146 R3.0: Fungal Infection Post-Infusion Data

Center: \_\_\_\_\_ CRID: \_\_\_\_\_

#### Key Fields

Sequence Number: \_\_\_\_\_

Date Received: \_\_\_\_-\_\_\_\_-\_\_\_\_

CIBMTR Center Number: \_\_\_\_\_

CIBMTR Research ID: \_\_\_\_\_

Event date: \_\_\_\_-\_\_\_\_-\_\_\_\_

Visit

100 day  6 months  1 year  2 years  > 2 years,

Specify: \_\_\_\_\_

#### Infection Episode

Questions: 1 - 24

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

1 Date of infection diagnosis: \_\_\_\_-\_\_\_\_-\_\_\_\_

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

2 Radiographic findings (e.g. x-ray, CT, or MRI)

Yes  No

3 Specify imaging sites that supported the diagnosis of fungal infection (check all that apply)

Abdomen / pelvis

Bone

Brain

Chest

Sinus

Other imaging site

4 Specify other imaging site: \_\_\_\_\_

5 Pathology (e.g. biopsy, cytology)

Yes  No

6 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

Brain / central nervous system (CNS)

Eye

Liver

Lung (includes sputum)

Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)

Skin

Spleen

Other sample source

7 Specify other sample source: \_\_\_\_\_

8 Culture

Yes  No

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year

Today's Date:

   20 

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   20 

CIBMTR Center Number:

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## Form 2146 R3.0: Fungal Infection Post-Infusion Data

Center:

CRID:

### 9 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

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

10 Specify other sample source: \_\_\_\_\_

### 11 KOH / Calcofluor / Giemsa stain

Yes  No

### 12 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- Bone
- Central nervous system (CNS)
- Liver
- Lung (includes sputum)
- Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
- Skin
- Spleen
- Other sample source

13 Specify other sample source: \_\_\_\_\_

### 14 Galactomannan assay

Yes  No

### 15 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- Blood (includes whole blood, serum, or plasma)
- Bronchial fluid (BAL)
- Cerebrospinal fluid (CSF)
- Other sample source

16 Specify other sample source: \_\_\_\_\_

### 17 1,3-Beta-D-glucan (Fungitell) assay

Yes  No

### 18 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- Blood (includes whole blood, serum, or plasma)
- Bronchial fluid (BAL)
- Cerebrospinal fluid (CSF)
- Other sample source

19 Specify other sample source: \_\_\_\_\_

### 20 PCR assay

Yes  No

### 21 Specify sample source that supported the diagnosis of fungal infection (check all that apply)

- Blood (includes whole blood, serum, or plasma)
- Bronchial fluid (BAL)
- Cerebrospinal fluid (CSF)
- Tissue
- Other sample source

22 Specify other sample source: \_\_\_\_\_

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#### 23 Specify tissue (check all that apply)

- Brain
- Eye
- Upper gastrointestinal (GI) tract (e.g. esophagus, stomach)
- Liver
- Lung
- Skin
- Other tissue

24 Specify other tissue: \_\_\_\_\_

### Hematologic Findings at Diagnosis of Infection

Questions: 25 - 41

**Provide values closest to the date of diagnosis of the infection (± 7 days)**

25 Date of complete blood count: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

26 WBC  Known  Unknown

27 \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
 x 10<sup>6</sup>/L

28 Neutrophils  Known  Unknown

29 \_\_\_\_\_ %

30 Monocytes  Known  Unknown

31 \_\_\_\_\_ %

32 Lymphocytes  Known  Unknown

33 \_\_\_\_\_ %

34 Platelets  Known  Unknown

35 \_\_\_\_\_  x 10<sup>9</sup>/L (x 10<sup>3</sup>/mm<sup>3</sup>)  
 x 10<sup>6</sup>/L

36 Serum creatinine  Known  Unknown

37 \_\_\_\_\_  mg/dL  mmol/L  μmol/L

38 Upper limit of normal for your institution: \_\_\_\_\_  mg/dL  mmol/L  μmol/L

39 ALT (SGPT)  Known  Unknown

40 \_\_\_\_\_  U/L  μkat/L

41 Upper limit of normal for your institution: \_\_\_\_\_  U/L  μkat/L

### Treatment of Infection

Questions: 42 - 48

**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.**

42 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?  
 yes  no

### Antifungal Drugs (1)

Questions: 43 - 47

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#### 43 Antifungal drugs

- Amphotericin products (Amphocin, Fungizone, Ambisome, Abelcet, Amphotec)
- Anidulafungin (Eraxis)
- Caspofungin (Cancidas)
- Fluconazole (Diflucan)
- Isavuconazole (Cresemba)
- Itraconazole (Sporanox)
- Micafungin (Mycamine)
- Posaconazole (Noxafil)
- Voriconazole (Vfend)
- Other antifungal drug

44 Specify other antifungal drug: \_\_\_\_\_

#### 45 Date therapy started

- Known  Unknown

46 Date started: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  Date estimated

47 Was this therapy still being given at 30 days ( $\pm$  3 days) after the date of diagnosis of infection? (for cases where 30 days ( $\pm$  3 days) falls in the next reporting period, indicate if the recipient was still receiving this therapy at the date of last contact)

- Yes  No

#### 48 What was the status of the infection? (at the end of the reporting period)

- Ongoing  Improved  Resolved  Unknown

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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