CANDIDEMIA 2008-2010 CASE REPORT FORM ("SHORT FORM")

a) Patient name: _____
(Last, First, MI)

b) Address: _____
(Number, Street, Apt. No.)

_____ _____
(City, State) (Zip Code)

c) State ID: ☐☐☐☐☐☐☐☐

d) Medical Record No.: _____

e) Hospital: _____

Patient identifiers are NOT transmitted to CDC

.....cut/tear here and retain portion above at EIP site.....

Check if not a case:

☐Out of catchment area ☐Not from sterile site ☐Duplicate entry ☐Not candidemia ☐Unable to verify address ☐Other reason _____

CANDIDEMIA 2008-2010 CASE REPORT FORM ("SHORT FORM")

1) State ID: ☐☐☐☐☐☐☐☐ **2) County:** _____ **3) Hospital/Lab ID where positive culture identified:** ☐☐☐☐☐

4) Age: _____ ☐days ☐mos ☐yrs (check one) **5) Date of birth:** ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

6) Sex: ☐Male ☐Female **7) Date first positive blood culture for *Candida* was drawn:** ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

8) Source of first positive culture: ☐Blood, from central venous catheter ☐Blood, from arterial line ☐Blood, from peripheral stick ☐Blood, not specified ☐Other _____ ☐Unknown

9) *Candida* species (check all that apply):

☐*Candida albicans* (CA)
☐*Candida*, germ-tube negative/non-*albicans* (CGN)
☐*Candida glabrata* (CG)
☐*Candida krusei* (CK)
☐*Candida tropicalis* (CT)
☐*Candida lusitaniae* (CL)
☐*Candida*, other _____ (CO)
☐*Candida parapsilosis* (CP)
☐*Candida* species (CS)
☐Pending

10) Antifungal susceptibility testing (check here ☐ if no testing done/no test reports available):

Species	Drug	MIC	Interpretation
	Amphotericin B	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Anidulafungin (Eraxis)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Caspofungin (Cancidas)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Fluconazole (Diflucan)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Flucytosine (5FC)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Itraconazole (Sporanox)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Micafungin (Mycamine)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Posaconazole (Noxafil)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Voriconazole (Vfend)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Amphotericin B	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Anidulafungin (Eraxis)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Caspofungin (Cancidas)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Fluconazole (Diflucan)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Flucytosine (5FC)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Itraconazole (Sporanox)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Micafungin (Mycamine)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Posaconazole (Noxafil)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Voriconazole (Vfend)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk

10) Antifungal susceptibility testing (continued):

Species	Drug	MIC	Interpretation
	Amphotericin B	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Anidulafungin (Eraxis)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Caspofungin (Cancidas)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Fluconazole (Diflucan)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Flucytosine (5FC)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Itraconazole (Sporanox)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Micafungin (Mycamine)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Posaconazole (Noxafil)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk
	Voriconazole (Vfend)	☐Unk	☐S ☐SDD ☐I ☐R ☐NS ☐ND/Unk

--SURVEILLANCE OFFICE USE ONLY--

State ID:
☐☐☐☐☐☐☐☐

f) Date reported to EIP site:
☐☐/☐☐/☐☐☐☐

g) Was case first identified through audit?
☐Yes
☐No
☐Unknown

h) Isolate available?
☐Yes
☐No
Why not?_____
_____

i) Date isolate picked up from hospital lab:
☐☐/☐☐/☐☐☐☐

j) Does this patient have a previous candidemia episode?
☐Yes
☐No
☐Unknown

k) If yes, enter 1st state ID:
☐☐☐☐☐☐☐☐

l) Short Form status:
☐Complete
☐Incomplete
☐Edited & corrected

m) Long Form status:
☐Complete
☐Incomplete
☐Edited & corrected
☐Chart not available after 3 requests
☐Sent to CDC
☐Not applicable

n) Name of SO:
_____
_____