CANDIDEMIA 2010-2013 CASE REPORT 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 2010-2013 INITIAL CASE REPORT FORM

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

4) Age: _____ 1☐days 2☐mos 3☐yrs (check one) **5) Date of birth:** ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

6) Sex: 1☐Male 2☐Female **7) Date first positive blood culture for *Candida* was drawn:** ☐☐/☐☐/☐☐☐☐ (mm/dd/yyyy)

8) Source of first positive culture: 1☐Blood, from central venous catheter 5☐Blood, from arterial line 2☐Blood, from peripheral stick
3☐Blood, not specified 4☐Other _____ 6☐Unknown

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

1☐ *Candida albicans* (CA)
8☐ *Candida*, germ-tube negative/non-*albicans* (CGN)
2☐ *Candida glabrata* (CG)
3☐ *Candida krusei* (CK)
6☐ *Candida tropicalis* (CT)
4☐ *Candida lusitaniae* (CL)
7☐ *Candida*, other _____ (CO)
5☐ *Candida parapsilosis* (CP)
9☐ *Candida* species (CS)
10☐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

--SURVEILLANCE OFFICE USE ONLY--

f) Date reported to EIP site:	g) Was case first identified through audit?	i) Does this patient have a previous candidemia episode?	j) CRF status:	k) SO's initials:
☐☐/☐☐/☐☐☐☐	1 ☐Yes 2 ☐No 9 ☐Unk **h) Isolate available?** 1 ☐Yes 2 ☐No	1 ☐Yes **If yes, enter 1st state ID:** ☐☐☐☐☐☐☐☐ 2 ☐No 9 ☐Unknown	1 ☐Complete 2 ☐Pending chart review 3 ☐Edited & corrected 4 ☐Chart unavailable	_____

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