

## ECMM survey: Zygomycoses in Europe Clinical isolates / Medical form

<b>Centre :</b>	<b>Country :</b>	<b>City :</b>
<b>Patient information</b>		
Country :	City :	Race:
Patient code :	Birthday : (mo/y)	Sex :      Weight :
Hospital/Ward :	Occupation :	
Name of Physician:		
Name of Mycologist/Microbiologist:		

<b>Underlying disease / factors</b>		
Non-Hodgkin lymphoma	<input type="checkbox"/>	<i>specify</i>
Hodgkin's lymphoma	<input type="checkbox"/>	
Leukemia	<input type="checkbox"/>	<i>specify</i>
Autoimmune disease	<input type="checkbox"/>	<i>specify</i> Pimecrolimus <input type="checkbox"/>
Surgery	<input type="checkbox"/>	<i>specify</i>
Trauma (accidental)	<input type="checkbox"/>	<i>specify</i>
Burn	<input type="checkbox"/>	<i>specify</i>
Cancer	<input type="checkbox"/>	<i>specify</i>
BMT <input type="checkbox"/> HSCT <input type="checkbox"/>		Non-ablative allogeneic transplant <input type="checkbox"/> GVHD <input type="checkbox"/>
Solid organ transplant	<input type="checkbox"/>	<i>specify</i> Tacrolimus <input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<i>specify</i>
		Ketoacidosis at time of diagnosis: YES <input type="checkbox"/> NO <input type="checkbox"/>
Chronic ambulatory peritoneal dialysis	<input type="checkbox"/>	<i>specify</i>
Chronic renal failure	<input type="checkbox"/>	
Neutropenia	<input type="checkbox"/>	<i>specify duration (days)</i> Polymorphonuclears <500 <input type="checkbox"/>
		Resolution of neutropenia at time of diagnosis: YES <input type="checkbox"/> NO <input type="checkbox"/>
		<i>At time of diagnosis neutropenia had resolved (days) :</i>
Treatment with antibacterial antibiotics	<input type="checkbox"/>	<i>specify</i> Duration :
Catheter	<input type="checkbox"/>	<i>specify</i>
HIV / AIDS	<input type="checkbox"/>	<i>specify</i> CD4 cells : viral load :
		antiretroviral therapy : <i>specify</i>
Other	<input type="checkbox"/>	<i>specify</i>

<b>Treatment (within 1 month prior to diagnosis of zygomycosis)</b>				
	Drugs	Dosage	Date started	Date stopped
Corticosteroid				
Immunosuppressive				
Antifungal				

<b>Clinical data</b>		
Fever	<input type="checkbox"/>	<i>specify</i>
Site of infection	<input type="checkbox"/>	<i>specify</i>
Other clinical data	<input type="checkbox"/>	<i>specify</i>
<b>Imaging data</b>		
XRay	<input type="checkbox"/>	<i>specify</i>
CTScan	<input type="checkbox"/>	<i>specify</i>
NMR	<input type="checkbox"/>	<i>specify</i>

<b>Mycology</b>		Date of diagnosis :	
<b>Histopathology</b>	Not done <input type="checkbox"/>	Organ/Biopsy/Autopsy: <i>specify</i>	
		Absence of hyphae <input type="checkbox"/> Presence of hyphae <input type="checkbox"/>	
<b>Microscopy &amp; Culture</b>			
<b>Sample 1</b> <i>specify</i> .....	.....	Date :	
Direct microscopy	Not done <input type="checkbox"/>	Done <input type="checkbox"/>	
Culture	Not done <input type="checkbox"/>	Done <input type="checkbox"/> Identification ( <i>if completed</i> ):	
<b>Sample 2</b> <i>specify</i> .....	.....	Date :	
Direct microscopy	Not done <input type="checkbox"/>	Done <input type="checkbox"/>	
Culture	Not done <input type="checkbox"/>	Done <input type="checkbox"/> Identification ( <i>if completed</i> ):	
<b>Sample 3</b> <i>specify</i> .....	.....	Date :	
Direct microscopy	Not done <input type="checkbox"/>	Done <input type="checkbox"/>	
Culture	Not done <input type="checkbox"/>	Done <input type="checkbox"/> Identification ( <i>if completed</i> ):	

<b>Zygomycete pathology</b>		Date of diagnosis :	
Co-infection with	<input type="checkbox"/>	<i>specify</i>	
Rhinocerebral	<input type="checkbox"/>	<i>specify</i>	
Sinusitis	<input type="checkbox"/>	<i>specify</i>	
Cutaneous infection	<input type="checkbox"/>	<i>specify</i>	
Mycetoma	<input type="checkbox"/>	<i>specify</i>	
Ophthalmic orbit	<input type="checkbox"/>	<i>specify</i>	
Oral cavity	<input type="checkbox"/>	<i>specify</i>	
Gastrointestinal	<input type="checkbox"/>	<i>specify</i>	
Bloodstream infection	<input type="checkbox"/>	<i>specify</i>	
Osteomyelitis	<input type="checkbox"/>	<i>specify</i>	
Other	<input type="checkbox"/>	<i>specify</i>	

<b>Treatment of zygomycosis</b>				
Surgery <i>Specify</i>		Date:		
Antifungal therapy	Drugs	Dosage	Date started	Date stopped
Outcome	Cured <input type="checkbox"/>	Date :		
	Death <input type="checkbox"/>	Date :		

<b>Zygomycete isolates</b>		
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from
Ref. no	Date	Cultured from

<b>Other remarks :</b>
<b>Nom/ adresse du déclarant:</b> Adresser ce document à B. DUPONT : <a href="mailto:bertrand.dupont@nck.ap-hop-paris.fr">bertrand.dupont@nck.ap-hop-paris.fr</a> , FAX : 01 42 19 26 22