



Study number: IDWP 8414113

<p>Impact of pre-existing invasive aspergillosis on allo-HSCT for treatment of acute leukaemia and myelodysplastic syndrome</p> <p>EBMT/IDWP Non-Interventional Prospective Study</p>	<p>Invasive aspergillus form</p> <p>01 MAY 2016 - 30 APRIL 2017</p>
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PATIENT IDENTIFICATION

Centre number (CIC)

Patient Unique Identification Code (UIC): Hospital Unique Patient Number:

Date of birth: Sex : Male Female
dd mm yyyy

EVIDENCE OF INVASIVE ASPERGILLUS PRE- OR POST ALLO-HSCT

		Type of mycosis
<input type="checkbox"/>	Clinical Evidence + Mycological evidence (Galactomannan or Beta D-Glucan or culture on Bronchial Alveolar Lavage (BAL) or nasal wash)	<u>Probable</u> Please complete the rest of this form
<input type="checkbox"/>	Culture or Microscopy histology in tissue	<u>Proven</u> Please complete the rest of this form
<input type="checkbox"/>	No evidence	<u>Possible / No IA</u> No need to complete this form. Please proceed to the follow up form(s) when due.

(when not sure which type, this form will help us assign –and to check the assigned- cases to the groups.)

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EVIDENCE OF INVASIVE ASPERGILLUS

DATE OF DIAGNOSIS OF INVASIVE ASPERGILLOSIS

..... / / (if exact date is not known please indicate month and year)
dd mm yyyy

ORGAN INVOLVEMENT

Which organs were involved?

- Lung single nodule ≥ 2 nodules ; lung monolateral lungs bilateral
 Central nervous system (CNS)
 Other (e.g. digestive tract, spleen, kidney, heart): _____
 no record

CLINICAL EVIDENCE

Was a pulmonary CT-scan done?

- yes
 no
 no record

If YES, specify the observations on the pulmonary CT-scan.

- dense, well-circumscribed lesion(s) *with* a halo sign
 dense, well-circumscribed lesion(s) *without* a halo sign
 air-crescent sign
 cavity
 wedge-shaped infiltrates
 other infiltrates, specify _____
 no abnormalities

If NO CT-scan done, was a chest X-ray done?

- yes
 no
 no record

If YES, specify the observations on the chest X-ray.

- air-crescent sign
 cavity
 wedge-shaped infiltrates
 other infiltrates, specify _____
 no abnormalities

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MYCOLOGICAL EVIDENCE**1) In Blood****Galactomannan**

Plasma or serum obtained?

- yes
 no
 no record

If YES:

- ≥ 2 samples with index ≥ 0.5
 single sample with index ≥ 1.0
 all samples with index < 0.5

Serum B-D Glucan obtained?

- yes
 no
 no record

If YES:

- ≥ 2 samples with cut-off of _____pg/ml
 single sample with cut-off of _____pg/ml

PCR Whole blood plasma serum obtained?

- yes
 no
 no record

If YES:

- Aspergillus* detected
 no *Aspergillus* detected

2) In Bronchial Alveolar Lavage Fluid (BAL)**Galactomannan BAL obtained?**

- yes
 no
 no record

If YES:

- single sample with index ≥ 1.0
 single sample with index < 1.0

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Microscopy BAL obtained?

- yes
 no
 no record

If YES:

- hyphae consistent with *Aspergillus* seen
 hyphae consistent with other mould seen
 no hyphae seen

Culture BAL obtained?

- yes
 no
 no record

If YES:

- Aspergillus fumigatus*
 other *Aspergillus*, specify _____
 other mould
 no mould

PCR BAL obtained?

- yes
 no
 no record

If YES:

- Aspergillus* detected
 no *Aspergillus* detected

3) In Lung Biopsy

Biopsy obtained?

- yes
 no
 no record

If YES:

- Aspergillus fumigatus*
 other *Aspergillus*, specify _____
 other mould
 no mould



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4) In Sputum

Sputum obtained?

- yes
- no
- no record

If YES:

- Aspergillus fumigatus*
- other *Aspergillus*, specify _____
- other mould
- no mould

ADDITIONAL NOTES IF APPLICABLE

COMMENTS.....
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IDENTIFICATION & SIGNATURE

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