FUNGAL DISEASE CASE REPORT FORM

Investigation Data

Disease of Interest:	Case Status (MDH Only)
☐ Blastomycosis	☐ Confirmed
☐ Coccidioidomycosis	☐ Probable
☐ Histoplasmosis	☐ Suspect
	☐ Not a case

NEDSS ID	
CAS Number	
Reporting Facility	
Investigator Name	
Investigator Phone	
Lab Report Date	______/______/______
Date Submitted to MDH	______/______/______

Patient Demographic Data

Patient Name *(last, first, middle initial)*: ______________________________

Parent/Guardian Name *(if patient is underage)*: ______________________________

Date of Birth: ______/______/________ Sex at Birth: ☐Male ☐Female Gender: ☐Male ☐Female ☐Other

Address (1): ______________________________ Address (2): ______________________________

City: ______________________________ State: ___________ County: ______________________________

Phone (home): ______________________ Phone (cell): ____________________ Occupation: ____________________

Race: ☐White ☐Black or African American ☐Asian ☐Multi-Race ☐Native Hawaiian or Pacific Islander ☐Not Asked ☐Other ☐Refused to Answer ☐Unknown

Ethnicity: ☐Hispanic ☐Non-Hispanic ☐Other

Clinical Information

Signs and symptoms *(check all that apply)*:	Other signs & symptoms *(check all that apply)*:
☐ Back pain ☐ Chest pain ☐ Cough	☐ Abnormal lung findings on chest imaging
☐ Fatigue ☐ Headache ☐ Shortness of breath	☐ Single or multiple skin lesions (often verrucous or ulcerated)
☐ Fever, chills, or night sweats	☐ Bone or joint abnormality (e.g. osteomyelitis, pathologic fracture)
☐ Poor appetite or weight loss	☐ Meningitis, encephalitis, or focal brain lesion
☐ Myalgia (muscle pain)	☐ Abscess, granuloma, or lesion in other body system
☐ Arthralgia (joint pain) or bone pain	
☐ Erythema nodosum or multiforme rash	

Clinician Diagnosis / Notes ______________________________

____

Treatment ______________________________

____

Ordering Provider	
Illness Onset Date	______/______/______
Hospitalization Date *(if applicable)*	Admission: ______/______/______ Discharge: ______/______/______ Hospital: ______________________

Epidemiological Data

Exposure History
(Within 60 days of symptom onset)

Has the patient visited a lake, stream, or wetland? ☐Yes ☐No ☐Unk Where? ____________________

Has the patient participated in a recreational outdoor activity? ☐Yes ☐No ☐Unk

- If yes, what activity? ______________________________

Was the patient exposed to disturbed earth? ☐Yes ☐No ☐Unk

- If yes, what activity? ______________________________

Did the patient travel up to two months prior to symptom onset? ☐Yes ☐No ☐Unk

- If yes, list all locations (city, state, country):
  - Location: ____________________ Departure date: ___________ Return date: ___________
  - Location: ____________________ Departure date: ___________ Return date: ___________
  - Location: ____________________ Departure date: ___________ Return date: ___________
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Maryland Department of Health
201 W. Preston St
Baltimore, MD 21201
(410)767-6500 | (877)463-3464

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Risk Factors	Does the patient have a history of COPD, diabetes, smoking, cancer, rheumatoid arthritis, organ transplant, steroid treatment, or asthma? ☐Yes ☐No ☐Unk ○ If yes, list all that apply: ____________ Has the patient recently been diagnosed with pneumonia or another respiratory disease within the past year? ☐Yes ☐No ☐Unk

Laboratory Data *(fill in all that apply)*

General tests:	Collection date	Specimen / source	Result	Details
Fungal culture	____/____/____		☐Pos ☐Neg ☐Unk	Organism(s) identified: ____________
Histopathology	____/____/____		☐Pos ☐Neg ☐Unk	Organism(s) identified: ____________
Cytology / Smear	____/____/____		☐Pos ☐Neg ☐Unk	Organism(s) identified: ____________
PCR (or another molecular test)	____/____/____		☐Pos ☐Neg ☐Unk	Organism(s) identified: ____________
Blastomycosis tests:				
Antigen EIA	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by EIA	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by immunodiffusion (ID)	____/____/____		☐Pos ☐Neg ☐Unk	
Coccidioidomycosis tests:				
MALDI-TOF	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by immunodiffusion (ID)	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by complement fixation (CF)	____/____/____		☐Pos ☐Neg ☐Unk	Titer: ___ : ___
Antibody by tube precipitin	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by lateral flow assay (LFA)	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by latex agglutination	____/____/____		☐Pos ☐Neg ☐Unk	
IgG/IgM by EIA	____/____/____	☐IgG ☐IgM	☐Pos ☐Neg ☐Unk	
Antigen	____/____/____		☐Pos ☐Neg ☐Unk	
Histoplasmosis tests:				
Antigen by EIA	____/____/____		☐Pos ☐Neg ☐Unk	
Antibody by complement fixation (CF)	____/____/____ ____/____/____		☐Pos ☐Neg ☐Unk ☐Pos ☐Neg ☐Unk	Titer: ___ : ___
Immunodiffusion M band	____/____/____ ____/____/____		☐Pos ☐Neg ☐Unk ☐Pos ☐Neg ☐Unk	
Immunodiffusion H band	____/____/____		☐Pos ☐Neg ☐Unk	

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Additional tests/notes:

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