

CONTACT DETAILS (for correspondence of results)			
Dr:	:	.....
Hospital	:	.....
Tel. nr	:	.....
PATIENT IDENTIFICATION (add label or fill in data)			
Name	:	.....
Gender	:	..... Female <input type="radio"/> Male <input type="radio"/>	
Date of Birth	:	..... dd/mm/yy	
Weight	:	..... kg	
Length	:	..... cm	
ANTIFUNGAL DRUG TO BE DETERMINED			
<input type="radio"/> fluconazole	<input type="radio"/> posaconazole	<input type="radio"/> anidulafungin	
<input type="radio"/> itraconazole	<input type="radio"/> isavuconazole	<input type="radio"/> caspofungin	
<input type="radio"/> voriconazole	<input type="radio"/> liposomal amphotericin B	<input type="radio"/> micafungin	
DRUG DATA ON USE (must be fully completed)			
Start of therapy	:	..... dd/mm/yy	
Time of last intake	:	..... dd/mm/yy ; hh:mm	
Time of sample	:	..... dd/mm/yy ; hh:mm	
<input type="radio"/> taken during meal	<input type="radio"/> taken after meal	<input type="radio"/> nutritional supplement <input type="radio"/> no meal given	
REASON FOR TDM (must be fully completed)			
<input type="radio"/> sub-efficacy	<input type="radio"/> toxicity	<input type="radio"/> compliance	<input type="radio"/> other (specify)
DOSE OF ANTIFUNGAL DRUG (must be fully completed)			
<input type="radio"/> mg times daily <input type="radio"/> other:			
<input type="radio"/> intravenous administration <input type="radio"/> oral administration			
INDICATION OF ANTIFUNGAL THERAPY			
<input type="radio"/> primary prophylaxis		<input type="radio"/> primary therapy	
<input type="radio"/> secondary prophylaxis		<input type="radio"/> secondary therapy	
FOCUS OF INFECTION (multiple answers possible)			
<input type="radio"/> pulmonary		<input type="radio"/> cerebral	
<input type="radio"/> hepatic		<input type="radio"/> other:.....(please specify)	
CAUSATIVE MICRO-ORGANISM			
<input type="radio"/> <i>Aspergillus</i>		<input type="radio"/> <i>Mucorales</i>	
<input type="radio"/> other:.....		<input type="radio"/> <i>Candida</i> (specify)	
PREVIOUS ANTIFUNGAL TREATMENTS (last 30 days)			
<input type="radio"/> fluconazole	<input type="radio"/> posaconazole	<input type="radio"/> anidulafungin	
<input type="radio"/> itraconazole	<input type="radio"/> isavuconazole	<input type="radio"/> caspofungin	
<input type="radio"/> voriconazole	<input type="radio"/> liposomal amphotericin B	<input type="radio"/> micafungin	
OTHER DRUG GIVEN CONCOMITANTLY (please specify)			
<input type="radio"/> dexamethasone	<input type="radio"/> (es)omeprazole	<input type="radio"/> metoclopramide	<input type="radio"/> pantoprazole
<input type="radio"/> ranitidine	<input type="radio"/> rifampin	<input type="radio"/>	<input type="radio"/>
PATIENT CHARACTERISTICS (multiple answers possible)			
<input type="radio"/> hematological malignancy: .....(please specify)			
<input type="radio"/> neutropenia	<input type="radio"/> GvHD	<input type="radio"/> HSCT	
<input type="radio"/> corticosteroid use	<input type="radio"/> other:.....(please specify)		

Antifungal drug samples are preferably drawn in a Lithium Heparine tube without gel (dark green cap). Please sent sample together with the completed sheet to the address mentioned in the header.