

MUNCO Report Form

Please complete the survey below.

Thank you!

Reporter Information

Name of reporting physician

Email address of reporter

Name of hospital or treatment center

City and state of hospital/treatment center

Physician subspecialty

- ENT
- Ophthalmology
- Pulmonary
- Other

If "Other" please specify

Fungal isolate reported

- Mucor
- Aspergillus
- Candida

Date of diagnosis with fungal infection

Patient Information

Age

Gender

- Male
- Female

Weight (kg)

Height (ft)

- 4
- 5
- 6
- 7

Height (in)

1
 2
 3
 4
 5
 6
 7
 8
 9
 10
 11
 12

Patient history (Check all that apply)

Diabetes
 Diabetes with Diabetic Ketoacidosis
 Cancer
 Organ Transplant
 Stem Cell Transplant
 Neutropenia
 Long-Term (prior) Corticosteroid Use
 Injection Drug Use
 HIV
 Asthma/COPD
 Other

If "Other" please specify

Diabetes status at the time of fungal infection diagnosis

Controlled
 Uncontrolled
 New Onset

Was the patient hospitalized for the management of COVID-19 or related indication?

Yes
 No
 Unknown

The number of days the patient was in the hospital

Was the patient admitted to the intensive care unit?

yes
 no
 unknown

CRP value at the time of COVID diagnosis

mg/dL or mg/L

mg/dL
 mg/L

Ferritin value at the time of COVID diagnosis(ng/mL)

Last noted hemoglobin A1c

(%)

Please pick the highest level of oxygen requirement at any point during the course of COVID-19

- Home oxygen concentrator
- High flow nasal cannula (HFNC)
- CPAP
- BiPAP
- Portable units
- Ventilator
- ECMO
- No oxygen required
- Hudson mask
- Nasal prongs
- Non rebreather

Which medications did the patient receive for COVID treatment? Check all that apply.

- Favipiravir (Fabiflu)
- Remdesivir
- Corticosteroid
- Budesonide
- Doxycycline
- Azithromycin
- Ivermectin
- Tocilizumab
- Itolizumab
- Zinc
- Other

Which corticosteroid?

- Dexamethasone
- Prednisone
- Methylprednisone

Corticosteroid dose

g or mg

- g
- mg

Duration of steroid therapy

- < 10 days
- ≥10 days

If "Other" Please Specify

Vaccination status at the time of COVID diagnosis

- Yes
- No

Which vaccine did the patient get?

- COVAXIN
- COVISHIELD
- Other

If "Other" please specify

How many doses had the patient received at the time of COVID diagnosis?

- 1
- 2

Site involved due to fungal infection (check all that apply)

- Sinus
- Pulmonary
- Cutaneous
- Gastrointestinal
- Ophthalmic
- Cerebral

How many days elapsed between COVID diagnosis and fungal infection diagnosis?

Antifungal treatment (check all that apply)

- Amphotericin B
- Posaconazole
- Isavuconazole
- Surgery

Which amphotericin regimen?

- Amphotericin B deoxycholate (Fungizone)
- Liposomal amphotericin B (AmBisome)
- Amphotericin B lipid complex (Abelcet, ABLC)
- Amphotericin B cholesteryl sulfate complex (Amphotec)

Outcomes after treatment

- Incomplete recovery
- Full recovery
- Death
- Lost to follow up

Did the patient experience any loss of vision?

- Yes
- No