

COVID-19 Associated Pulmonary Aspergillosis PLUS: CAPA PLUS Study - version 32.21

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1. Baseline - General info - Inclusion

Number	Question	Answers
1.1	Does the patient have PCR-confirmed COVID-19? <i>Exclude patient if field's value is not equal to Yes with message: 'Only patients with PCR-confirmed COVID-19 can participate in this study!'</i> Field type: Radiobutton Variable name: ind_confirmed_COVID Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
1.2	Why is the patient admitted to ICU? Field type: Checkbox Variable name: ind_adm_ICU Field required: Required Option group name: Reason for ICU admission	<input type="checkbox"/> Respiratory insufficiency <input type="checkbox"/> Haemodynamic instability <input type="checkbox"/> Decreased consciousness <input type="checkbox"/> Other
1.2.1	<i>If 'Why is the patient admitted to ICU?' is equal to 'Other' answer this question:</i> What is the other reason for admission to ICU? Field type: Multiline Textfield Variable name: ind_adm_ICU_other Field required: Required	<div style="border: 1px dashed black; height: 30px; width: 100%;"></div>

2. Baseline - General info - Demographics

Number	Question	Answers
2.1	Patient age at inclusion Field type: Numeric field Variable name: dem_pat_age_at_inclusion Field required: Required Measurement Unit: years	<div style="border: 1px dashed black; display: inline-block; width: 80px; height: 15px;"></div> years
2.2	Sex Field type: Radiobutton Variable name: dem_pat_sex Field required: Required Option group name: Sex	<input type="radio"/> Male <input type="radio"/> Female
2.2.1	<i>If 'Sex' is equal to 'Female' answer this question:</i> Is patient pregnant? Field type: Radiobutton Variable name: dem_pat_pregnant Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2.2.1.1	<i>If 'Is patient pregnant?' is equal to 'Yes' answer this question:</i> Number of months pregnant Field type: Numeric field Variable name: dem_pat_preg_months Field required: Required Field min: 0.00 Field max: 10.00 Measurement Unit: months	<div style="border: 1px dashed black; display: inline-block; width: 80px; height: 15px;"></div> months
2.3	Ethnicity What is the patient's ethnicity? Field type: Radiobutton Variable name: dem_pat_ethnicity Field required: Required Option group name: Ethnicity	<input type="radio"/> Caucasian <input type="radio"/> Northern African <input type="radio"/> Middle Eastern <input type="radio"/> Black or Sub-Saharan African <input type="radio"/> Asian <input type="radio"/> Hispanic or Latino <input type="radio"/> Pacific Islander <input type="radio"/> Native American or Alaska Native <input type="radio"/> Unknown

2.4	<p>Height</p> <p><i>Warning shown if field's value is larger than 2.8: This can't be right!</i></p> <p><i>Notice shown if field's value is larger than 2: Please remeasure the patient!</i></p> <p><i>Warning shown if field's value is larger than 2.5: This person is really tall, are you sure?</i></p> <p>Field type: Numeric field Variable name: dem_patheight Field required: Required Field min: 0.00 Field max: 2.00 Measurement Unit: m</p>	<input type="text"/> m
2.5	<p>Weight</p> <p><i>Notice shown if field's value is larger than 150: Please verify this patient's weight!</i></p> <p>Enter the patient's weight</p> <p>Field type: Numeric field Variable name: dem_patweight Field required: Required Field min: 40.00 Field max: 250.00 Measurement Unit: kg</p>	<input type="text"/> kg
2.6	<p>BMI</p> <p>Field type: Calculation Variable name: dem_pat_bmi Field required: Not required Measurement Unit: kg/m²</p>	
2.7	<p>BSA</p> <p>Body Surface Area (calculated using the Dubois & Dubois formula) = 0.20247 x height*0.725 x weight*0.425</p> <p>Field type: Calculation Variable name: dem_pat_bsa Field required: Not required Measurement Unit: m²</p>	
2.8	<p>Influenza vaccination current season</p> <p>Was the patient vaccinated against influenza before / in the current influenza season?</p> <p>Field type: Radiobutton Variable name: dem_influenza_vacc Field required: Required Option group name: Yes/No?unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
2.9	<p>Does the patient smoke?</p> <p>A patient who has smoked during the month prior to ICU admission is considered a current smoker</p> <p>Field type: Radiobutton Variable name: dem_pat_smoking Field required: Required Option group name: Smoking status</p>	<input type="radio"/> No, never <input type="radio"/> No, but former smoker <input type="radio"/> Yes, current smoker <input type="radio"/> Unknown
2.10	<p>Current or former smoker = 1</p> <p>Field type: Calculation Variable name: dem_pat_smoking_no_unknown Field required: Not required</p>	
2.10.1	<p><i>If 'Current or former smoker = 1' is equal to '1' answer this question:</i></p> <p>To how many pack years has the patient been exposed? One pack year is defined as twenty cigarettes smoked every day for one year. Please also answer this question for patients who have smoked in the past</p> <p>Field type: Numeric field Variable name: dem_pack_years Field required: Required Measurement Unit: pack years</p>	<input type="text"/> pack years

3. Baseline - General info - Admission type

Number	Question	Answers
3.1	<p>Date of admission to current ICU</p> <p>Field type: Date Variable name: adm_dat Field required: Required</p>	<input type="text"/> (dd-mm-yyyy)
3.2	<p>Was the patient transferred from another hospital?</p> <p>Field type: Radiobutton Variable name: trans_hosp Field required: Required Option group name: Yes/No?unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

3.2.1	<p>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question: From what hospital was the patient transferred? <i>Field type:</i> Multiline Textfield <i>Variable name:</i> <i>Field required:</i> Required</p>	<input type="text"/>
3.2.2	<p>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question: When was the patient admitted to the other hospital? <i>Warning shown if field's value is larger than NOW: 'this date is in the future!'</i> <i>Field type:</i> Date <i>Variable name:</i> adm_date_otherhosp <i>Field required:</i> Required</p>	<input type="text"/> (dd-mm-yyyy)
3.2.3	<p>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question: Time between admission to other hospital and transfer to study site ICU <i>Warning shown if field's value is smaller than 0: 'Please check the date of admission to the ICU and the date of admission to the other hospital!'</i> Time in days between admission to the other hospital and transfer to the ICU in the study site hospital <i>Field type:</i> Calculation <i>Variable name:</i> time_between_adm_other_hosp_and_trans <i>Field required:</i> Not required <i>Measurement Unit:</i> Days</p>	
3.2.4	<p>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question: From which department in the previous hospital was the patient transferred? <i>Field type:</i> Radiobutton <i>Variable name:</i> dep_prev_hosp <i>Field required:</i> Required <i>Option group name:</i> Department</p>	<input type="radio"/> ICU <input type="radio"/> Internal Medicine <input type="radio"/> Surgery <input type="radio"/> Pulmonary Medicine <input type="radio"/> Gynecology & Obstetrics <input type="radio"/> Urology <input type="radio"/> Cardiology <input type="radio"/> Emergency department <input type="radio"/> Other
3.2.4.1	<p>If 'From which department in the previous hospital was the patient transferred?' is equal to 'Other' answer this question: What other department? <i>Field type:</i> Multiline Textfield <i>Variable name:</i> adm_dep_prev_hosp_other <i>Field required:</i> Required</p>	<input type="text"/>
3.2.4.2	<p>If 'From which department in the previous hospital was the patient transferred?' is equal to 'ICU' answer this question: What date was the patient admitted to the ICU of the other hospital? <i>Field type:</i> Date <i>Variable name:</i> date_adm_ICU_prev_hosp <i>Field required:</i> Required</p>	<input type="text"/> (dd-mm-yyyy)
3.2.4.3	<p>If 'From which department in the previous hospital was the patient transferred?' is equal to 'ICU' answer this question: Time between admission to other hospital and admission other hospital ICU <i>Warning shown if field's value is smaller than 0: 'Please check the date of admission to the ICU and the date of admission to the other hospital!'</i> Time in days between admission to the other hospital and transfer to the ICU in the other hospital <i>Field type:</i> Calculation <i>Variable name:</i> time_between_adm_other_hosp_and_adm_other_ICU <i>Field required:</i> Not required <i>Measurement Unit:</i> Days</p>	
3.2.4.4	<p>If 'From which department in the previous hospital was the patient transferred?' is equal to 'ICU' answer this question: Time between admission to other hospital ICU and admission to study site ICU <i>Warning shown if field's value is smaller than 0: 'Please check the date of admission to the ICU and the date of admission to the other hospital!'</i> Time in days between admission to the other hospital and transfer to the ICU in the study site hospital <i>Field type:</i> Calculation <i>Variable name:</i> time_between_adm_other_hosp_and_trans_1 <i>Field required:</i> Not required <i>Measurement Unit:</i> Days</p>	
Please first contact 5.1.2e@radbudumc.nl for possible merging of records which might have been created in a previous study hospital		
3.2.5	<p>If 'Was the patient transferred from another hospital?' is equal to 'No' answer this question: Was the patient transferred from another hospital department (including the emergency department)? <i>Field type:</i> Radiobutton <i>Variable name:</i> trans_dep <i>Field required:</i> Required <i>Option group name:</i> Yes/No/unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

3.2.5.1	<p><i>If 'Was the patient transferred from another hospital department (including the emergency department)?' is equal to 'Yes' answer this question:</i> From which department was the patient transferred? Field type: Radiobutton Variable name: adm_trans_dep_which Field required: Required Option group name: Hospital department</p>	<p><input type="radio"/> Dedicated COVID-19 department <input type="radio"/> Emergency department <input type="radio"/> Internal medicine <input type="radio"/> Pulmonary diseases <input type="radio"/> Other <input type="radio"/> Unknown</p>
3.2.5.1.1	<p><i>If 'From which department was the patient transferred?' is equal to 'Other' answer this question:</i> From what other department was the patient transferred to ICU? Field type: Multiline Textfield Variable name: adm_trans_dep_other Field required: Required</p>	<p><input type="text"/></p>
3.2.5.2	<p><i>If 'Was the patient transferred from another hospital department (including the emergency department)?' is equal to 'Yes' answer this question:</i> When was the patient admitted to hospital? Warning shown if field's value is larger than NOW: 'This date is in the future!' Field type: Date Variable name: adm_date_hosp Field required: Required</p>	<p><input type="text"/> (dd-mm-yyyy)</p>
3.2.5.3	<p><i>If 'Was the patient transferred from another hospital department (including the emergency department)?' is equal to 'Yes' answer this question:</i> Time between admission to hospital and admission to ICU Warning shown if field's value is smaller than 0: 'Please check the date of admission to the ICU and the date of admission to the other hospital!' Time in days between admission to the other hospital and transfer to the ICU in the study site hospital Field type: Calculation Variable name: time_between_adm_dat_hosp_and_adm_date Field required: Not required Measurement Unit: Days</p>	
3.3	<p>Duration of illness/symptoms in days before first admission to hospital Field type: Numeric field Variable name: illness_days Field required: Required Measurement Unit: days</p>	<p><input type="text"/> days</p>

4. Baseline - General info - Medical history

Number	Question	Answers
4.1	<p>Does the patient suffer from any underlying disease? Field type: Radiobutton Variable name: med_hist_dis_yes_or_no Field required: Required Option group name: Yes/No?unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>

4.1.1	<p>If 'Does the patient suffer from any underlying disease?' is equal to 'Yes' answer this question: From what underlying disease does the patient suffer? Chronic kidney disease defined according to the National Institute for Health and Care Excellence (NICE) definition: Abnormalities of kidney function or structure present for more than 3 months, with implications for health. This includes all people with markers of kidney damage and those with a glomerular filtration rate (GFR) of less than 60 ml/min/1.73 m² on at least 2 occasions separated by a period of at least 90 days (with or without markers of kidney damage). Markers of kidney disease include:</p> <ul style="list-style-type: none"> • Albuminuria (albumin/creatinin ratio of more than 3 mg/mmol) • Urine sediment abnormalities • Electrolyte and other abnormalities due to tubular disorders • Abnormalities detected by histology • Structural abnormalities detected by imaging • A history of kidney transplantation <p>Field type: Checkbox Variable name: med_hist_dis Field required: Required Option group name: Medical history</p>	<input type="checkbox"/> Acute leukemia < 90 days before admission <input type="checkbox"/> Acute leukemia > 90 days before admission <input type="checkbox"/> Stem cell transplantation < 90 days before admission <input type="checkbox"/> Stem cell transplantation > 90 days before admission <input type="checkbox"/> Other haematological malignancy <input type="checkbox"/> Kidney transplantation <input type="checkbox"/> Lung transplantation <input type="checkbox"/> Heart transplantation <input type="checkbox"/> Liver or pancreas transplantation <input type="checkbox"/> Cardiovascular disease, including hypertension <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Pulmonary tuberculosis <input type="checkbox"/> Multiple sclerosis <input type="checkbox"/> Liver cirrhosis <input type="checkbox"/> Ulcerative colitis <input type="checkbox"/> Crohn's disease <input type="checkbox"/> Rheumatological disease <input type="checkbox"/> Psoriasis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Congenital immunodeficiency syndrome <input type="checkbox"/> Acquired immunodeficiency syndrome other than HIV/AIDS <input type="checkbox"/> Solid organ malignancy <input type="checkbox"/> Other malignancy <input type="checkbox"/> Chronic kidney disease requiring renal replacement therapy <input type="checkbox"/> Chronic kidney disease not requiring renal replacement therapy <input type="checkbox"/> Thyroid disease <input type="checkbox"/> Other
4.1.1.1	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Other haematological malignancy' answer this question: Specify other underlying haematological malignancy Field type: Textfield Variable name: med_hist_hem_malign Field required: Required</p>	<input type="text"/>
4.1.1.2	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Kidney transplantation' answer this question: Specify indication for kidney transplantation Field type: Textfield Variable name: med_hist_kidney_transplant Field required: Required</p>	<input type="text"/>
4.1.1.3	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Lung transplantation' answer this question: Specify indication for lung transplantation Field type: Textfield Variable name: med_hist_lung_transplant Field required: Required</p>	<input type="text"/>
4.1.1.4	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Heart transplantation' answer this question: Specify indication for heart transplantation Field type: Textfield Variable name: med_hist_heart_transplant Field required: Required</p>	<input type="text"/>
4.1.1.5	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Liver or pancreas transplantation' answer this question: Specify indication for liver or pancreas transplantation Field type: Textfield Variable name: med_hist_liver_pancreas_transplant Field required: Required</p>	<input type="text"/>
4.1.1.6	<p>If 'From what underlying disease does the patient suffer?' is equal to 'Cardiovascular disease, including hypertension' answer this question: Specify underlying cardiovascular disease Field type: Checkbox Variable name: med_hist_cardiovasc_dis Field required: Required Option group name: Cardiovascular disease</p>	<input type="checkbox"/> Hypertension <input type="checkbox"/> Obstructive coronary artery disease / PCI / CABG <input type="checkbox"/> Myocardial infarction <input type="checkbox"/> Heart failure <input type="checkbox"/> Non ischaemic cardiomyopathy (dilated / hypertrophic / restrictive / other) <input type="checkbox"/> Atrial fibrillation <input type="checkbox"/> Ventricular arrhythmia <input type="checkbox"/> Moderate / severe valve disease <input type="checkbox"/> Previous cardiac surgery <input type="checkbox"/> Cardiac electronic device (ICD / CRT / pacemaker) <input type="checkbox"/> Cerebrovascular disease <input type="checkbox"/> Peripheral artery disease <input type="checkbox"/> Other

4.1.1.7	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Rheumatological disease' answer this question:</i> Specify underlying rheumatological disease Field type: Textfield Variable name: med_hist_rheum_dis Field required: Required	<input type="text"/>
4.1.1.8	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Congenital immunodeficiency syndrome' answer this question:</i> Specify underlying congenital immunodeficiency syndrome Field type: Textfield Variable name: med_hist_congen_immunodef Field required: Required	<input type="text"/>
4.1.1.9	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Acquired immunodeficiency syndrome other than HIV/AIDS' answer this question:</i> Specify underlying acquired immunodeficiency syndrome Field type: Textfield Variable name: med_hist_acquired_immunodef Field required: Required	<input type="text"/>
4.1.1.10	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Solid organ malignancy' answer this question:</i> Specify underlying solid organ malignancy Field type: Textfield Variable name: med_hist_solid_organ_malign Field required: Required	<input type="text"/>
4.1.1.11	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Other malignancy' answer this question:</i> Specify other underlying malignancy Field type: Textfield Variable name: med_hist_other_malign Field required: Required	<input type="text"/>
4.1.1.12	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Chronic kidney disease requiring renal replacement therapy' answer this question:</i> Specify renal replacement therapy modality Field type: Multiline Textfield Variable name: med_hist_renal_replacement_ther Field required: Required	<input type="text"/>
4.1.1.13	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Thyroid disease' answer this question:</i> Specify thyroid disease Field type: Textfield Variable name: med_hist_thyroid Field required: Required	<input type="text"/>
4.1.1.14	<i>If 'From what underlying disease does the patient suffer?' is equal to 'Other' answer this question:</i> Specify other underlying disease Field type: Multiline Textfield Variable name: med_hist_other Field required: Required	<input type="text"/>

5. Baseline - General info - Host susceptibility to aspergillosis

Number	Question	Answers
In this section, specific questions are asked concerning host susceptibility factors for invasive aspergillosis according to the EORTC/MSG guidelines and the modifications as suggested by Blot et al. Some questions may seem to overlap with the "Medical history" section. However, please try to complete this section as well		
5.1	Does the patient have a recent history of neutropenia (< 0.5 x 10 ⁹ /l) for > 10 days? Field type: Radiobutton Variable name: asp_risk_neutropenia Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5.1.1	<i>If 'Does the patient have a recent history of neutropenia (< 0.5 x 10⁹/l) for > 10 days?' is equal to 'Yes' answer this question:</i> Specify approximately how long ago the patient experienced this episode of neutropenia Please specify the number of days or weeks Field type: Multiline Textfield Variable name: asp_risk_neutropenia_when Field required: Required	<input type="text"/>
5.2	Does the patient have a history of receipt of an allogeneic stem cell transplant? Field type: Radiobutton Variable name: asp_risk_alloSCT Field required: Required Option group name: Yes/No/unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

5.3	<p>Does the patient have a recent history of prolonged use of corticosteroids? Definition of prolonged use of corticosteroids:</p> <ul style="list-style-type: none"> A mean minimum dose of 0.3 mg/kg/day of prednisone equivalent for > 3 weeks Excluding patients with allergic bronchopulmonary aspergillosis <p>Field type: Radiobutton Variable name: asp_risk_cortico Field required: Required Option group name: Yes/No?unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5.4	<p>Does the patient have a history of treatment with other immunosuppressive medication during the past 90 days? Examples of other immunosuppressive medication include, but are not limited to:</p> <ul style="list-style-type: none"> Ciclosporin TNF-alpha blockers Specific monoclonal antibodies Nucleoside analogues <p>Field type: Radiobutton Variable name: asp_risk_other_immunosuppress Field required: Required Option group name: Yes/No?unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5.5	<p>Does the patient have a history of an inherited severe immunodeficiency? Examples of inherited severe immunodeficiencies include:</p> <ul style="list-style-type: none"> Chronic granulomatous disease (CGD) Severe combined immunodeficiency (SCID) <p>Field type: Radiobutton Variable name: asp_risk_inherited_immunodef Field required: Required Option group name: Yes/No?unknown</p> <p>Please specify the inherited immunodeficiency in the "Medical history" section</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5.6	<p>Does the patient have a history of an acquired immunodeficiency other than acquired neutropenia? Field type: Radiobutton Variable name: asp_risk_acquired_immunodef Field required: Required Option group name: Yes/No?unknown</p> <p>Please specify the acquired immunodeficiency in the "Medical history" section</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
5.7	<p>Does the patient have a recent history of an underlying haematological or oncological malignancy treated with cytotoxic agents? Field type: Radiobutton Variable name: asp_risk_cytotoxic_agents Field required: Required Option group name: Yes/No?unknown</p> <p>Please specify the malignancy in the "Medical history" section</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

6. Baseline - Before ICU admission - Medication before ICU admission

Number	Question	Answers
<p>These questions are about medication use before ICU admission (in the current or a previous hospital). This includes the time the patient was hospitalized at a non-ICU department in the hospital. Please do not include medication started during ICU admission (be it in the current or other hospital).</p> <p>These questions are about medication use before ICU admission. Please do not include medication started during ICU admission.</p>		
6.1	<p>Systemic corticosteroid use during the 30 days prior to ICU admission Did the patient use systemic corticosteroids during the 30 days prior to ICU admission? Please note that intra-articular administration of corticosteroids is not considered as systemic exposure to corticosteroids. Systemic = i.v. or p.o.</p> <p>Field type: Radiobutton Variable name: before_ICU_adm_cortico Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

6.1.1 *If 'Systemic corticosteroid use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question:*
 (Approximate) cumulative dose of corticosteroids during the 30 days prior to ICU admission in prednisone equivalents
 Specify the (approximate) cumulative dose of systemic corticosteroids during the 30 days prior to ICU admission in prednisone equivalents.
 Please refer to the table below for conversion to prednis(ol)one equivalent doses
 Field type: Numeric field
 Variable name: before_ICU_adm_cortico_dose
 Field required: Required
 Measurement Unit: mg (prednisone equivalent)

6.1.2 *If 'Systemic corticosteroid use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question:*
 Prednisone equivalent doses table
 Field type: Image
 Variable name:
 Field required: Not required

Corticosteroid	Prednis(ol)one equivalent do
Prednis(ol)one	1
Methylprednisolone	0.8
Dexamethasone	0.15
Hydrocortisone	4
Cortisone	5
Betamethasone	0.15

6.1.3 *If 'Systemic corticosteroid use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question:*
 Cumulative dose of corticosteroids per kg bodyweight
 Field type: Calculation
 Variable name: before_ICU_adm_cortico_dose_per_kg
 Field required: Not required
 Measurement Unit: mg (prednisone equivalent) / kg

6.2 Inhalation corticosteroid use during the 30 days prior to ICU admission
 Did the patient use inhalation corticosteroids during the 30 days prior to ICU admission?
 Field type: Radio button
 Variable name: before_ICU_adm_inhal_cortico
 Field required: Required
 Option group name: Yes/No/Unknown

6.3 *Does the patient have a history of treatment with other immunosuppressive medication during the past 90 days?' is equal to 'Yes' answer this question:*
 Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission
 Field type: Checkbox
 Variable name: before_ICU_adm_name_immun_drug_adm
 Field required: Required
 Option group name: Immunosuppressive drugs by group

6.3.1 *Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission' is equal to 'Antineoplastic agents' answer this question:*
 Specify which antineoplastic agents the patient has received during the 90 days prior to ICU admission
 Field type: Checkbox
 Variable name: before_ICU_adm_antineoplastic
 Field required: Required
 Option group name: Antineoplastic agents

6.3.1.1 *Specify which antineoplastic agents the patient has received during the 90 days prior to ICU admission' is equal to 'Other' answer this question:*
 Specify what other antineoplastic agent(s) the patient has received during the 90 days prior to ICU admission
 Field type: Multiline Textfield
 Variable name: before_ICU_adm_antineoplastic_other
 Field required: Required

6.3.2 *If 'Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission' is equal to '(Monoclonal) antibodies' answer this question:*
 Specify which monoclonal antibody the patient has received during the 90 days prior to ICU admission
 Field type: Checkbox
 Variable name: before_ICU_adm_monoclonal
 Field required: Required
 Option group name: (Monoclonal) antibodies

- Adalimumab
- Alemtuzumab
- Anti-thymocyte globulin
- Apolizumab
- Basiliximab
- Belimumab
- Bevacizumab
- Brentuximab
- Brodalumab
- Canakinumab
- Certolizumab
- Cetuximab
- Daclizumab
- Eculizumab
- Caliximab
- Gemtuzumab-ozagamicin
- Golimumab
- Ibritumomab-tiuxetan
- Intliximab
- Ipilimumab
- Lumiliximab
- Mepolizumab
- Muromonab
- Natalizumab
- Nivolumab
- Ofatumumab
- Omalizumab
- Panitumumab
- Pembrolizumab
- Pertuzumab
- Ramucicimab
- Rituximab
- Sarilumab
- Secukinumab
- Tocilizumab
- Tosilumomab
- Trastuzumab
- Ustekinumab
- Vedolizumab
- Zanolimumab
- Other

6.3.2.1 *If 'Specify which monoclonal antibody the patient has received during the 90 days prior to ICU admission' is equal to 'Other' answer this question:*
 Specify what other (monoclonal) antibody/ies the patient has received during the 90 days prior to ICU admission
 Field type: Multiline Textfield
 Variable name: before_ICU_adm_monoclonal_other
 Field required: Required

6.3.3	<p>If 'Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission' is equal to 'Small molecular immunosuppressants' answer this question: Specify which small molecular immunosuppressive medication the patient has used during the 90 days prior to ICU admission <i>Field type:</i> Checkbox <i>Variable name:</i> before_ICU_adm_small_molecule <i>Field required:</i> Required <i>Option group name:</i> Small molecular immunosuppressants</p>	<input type="checkbox"/> Abatacept <input type="checkbox"/> Anakinra <input type="checkbox"/> Bortezomib <input type="checkbox"/> Bosutinib <input type="checkbox"/> Dasatinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Etornercept <input type="checkbox"/> Everolimus <input type="checkbox"/> Gefitinib <input type="checkbox"/> Ibrutinib <input type="checkbox"/> Idelalisib <input type="checkbox"/> Imatinib <input type="checkbox"/> Lapatinib <input type="checkbox"/> Leflunomide <input type="checkbox"/> Lenalidomide <input type="checkbox"/> Nilotinib <input type="checkbox"/> Pazopanib <input type="checkbox"/> Pomalidomide <input type="checkbox"/> Regorafenib <input type="checkbox"/> Ruxolitinib <input type="checkbox"/> Sorafenib <input type="checkbox"/> Sunitinib <input type="checkbox"/> Tretinoin <input type="checkbox"/> Vismodeg b <input type="checkbox"/> Other
6.3.3.1	<p>If 'Specify which small molecular immunosuppressive medication the patient has used during the 90 days prior to ICU admission' is equal to 'Other' answer this question: Specify what other small molecular immunosuppressive medication the patient has received during the 90 days prior to ICU admission <i>Field type:</i> Multiline Textfield <i>Variable name:</i> before_ICU_adm_small_molecule_other <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; height: 35px; width: 100%;"></div>
6.3.4	<p>If 'Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission' is equal to 'Other immunosuppressive medication' answer this question: Specify which other immunosuppressive medication the patient has received during the 90 days prior to ICU admission <i>Field type:</i> Checkbox <i>Variable name:</i> before_ICU_adm_immunosuppress_other <i>Field required:</i> Required <i>Option group name:</i> Other immunosuppressive medication</p>	<input type="checkbox"/> Azathioprine <input type="checkbox"/> Cyclophosphamide <input type="checkbox"/> Cyclosporin <input type="checkbox"/> Mercaptopurine <input type="checkbox"/> Methotrexate <input type="checkbox"/> Mycophenolate mofetil <input type="checkbox"/> Sirolimus <input type="checkbox"/> Tacrolimus <input type="checkbox"/> Other
6.3.4.1	<p>If 'Specify which other immunosuppressive medication the patient has received during the 90 days prior to ICU admission' is equal to 'Other' answer this question: Specify what other immunosuppressive medication the patient has used during the 90 days prior to ICU admission <i>Field type:</i> Multiline Textfield <i>Variable name:</i> before_ICU_adm_immunosuppress_other_what <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; height: 35px; width: 100%;"></div>
6.4	<p>Which of these systemic antibiotics did the patient receive during the 5 days prior to ICU admission? <i>Field type:</i> Checkbox <i>Variable name:</i> before_ICU_adm_antibacterial <i>Field required:</i> Required <i>Option group name:</i> Antibiotics possibly influencing galactomannan results</p>	<input type="checkbox"/> Amoxicillin <input type="checkbox"/> Amoxicillin/clavulanic acid <input type="checkbox"/> Piperacillin/azobactam <input type="checkbox"/> None of the above
6.4.1	<p>If 'Which of these systemic antibiotics did the patient receive during the 5 days prior to ICU admission?' is not equal to 'None of the above' answer this question: Please provide additional information on antibacterial treatment during the 5 days prior to ICU admission here. <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	
6.5	<p>Systemic antifungal use during the 30 days prior to ICU admission Did the patient use any systemic antifungal treatment during the 30 days prior to ICU admission? <i>Field type:</i> Radio button <i>Variable name:</i> before_ICU_adm_antifungal <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

6.5.1	<p>If 'Systemic antifungal use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question: Did the patient receive a single antifungal drug or multiple antifungal drugs? Multiple antifungal drugs also includes sequential treatment with one antifungal drug at a time</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> before_ICU_adm_antifungal_single_or_multiple <i>Field required:</i> Required <i>Option group name:</i> Single or multiple antifungal drugs</p>	<p><input type="radio"/> A single antifungal drug <input type="radio"/> Multiple antifungal drugs <input type="radio"/> Unknown</p>
6.5.1.1	<p>If 'Did the patient receive a single antifungal drug or multiple antifungal drugs?' is equal to 'A single antifungal drug' answer this question: Which antifungal drug did/does the patient use? Specify which antifungal drug the patient has used during the 30 days prior to ICU admission</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> before_ICU_adm_antifungal_single_name <i>Field required:</i> Required <i>Option group name:</i> Antifungal drugs 2017</p>	<p><input type="radio"/> Fluconazole <input type="radio"/> Itraconazole <input type="radio"/> Ketoconazole <input type="radio"/> Posaconazole <input type="radio"/> Voriconazole <input type="radio"/> Anidulafungin <input type="radio"/> Caspofungin <input type="radio"/> Micafungin <input type="radio"/> Terbinafine <input type="radio"/> Amphotericin B desoxycholate <input type="radio"/> Amphotericin B in lipid complexes <input type="radio"/> Amphotericin B in liposomes <input type="radio"/> Other <input type="radio"/> Unknown</p>
6.5.1.1.1	<p>If 'Which antifungal drug did/does the patient use?' is equal to 'Other' answer this question: What other systemic antifungal drug did/does the patient use during the 30 days prior to ICU admission? Specify what other systemic antifungal drug the patient has used during the 30 days prior to ICU admission</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> before_ICU_adm_antifungal_single_other <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 30px;"></div>
6.5.1.2	<p>If 'Did the patient receive a single antifungal drug or multiple antifungal drugs?' is equal to 'Multiple antifungal drugs' answer this question: In this patient, define "multiple antifungal drugs" Sequential treatment with antifungal drugs, including combination therapy includes addition of antifungal drugs during the course of treatment</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> before_ICU_adm_antifungal_multiple_definition <i>Field required:</i> Required <i>Option group name:</i> Definition multiple antifungal drugs</p>	<p><input type="radio"/> Sequential treatment with single antifungal drugs <input type="radio"/> A single combination of antifungal drugs <input type="radio"/> Sequential treatment with antifungal drugs, including combination therapy <input type="radio"/> Unknown</p>
6.5.1.2.1	<p>If 'In this patient, define "multiple antifungal drugs" is equal to "Sequential treatment with single antifungal drugs" answer this question: Which systemic antifungal drugs did/does the patient use sequentially during the 30 days prior to ICU admission?</p> <p><i>Field type:</i> Grid <i>Variable name:</i> before_ICU_adm_antifungal_multiple_sequential_single <i>Field required:</i> Not required</p>	<p style="text-align: center;">Antifungal drug 1 Antifungal drug 2 Antifungal drug 3 Antifungal drug 4</p> <p>Specify the antifungal drug: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
6.5.1.2.2	<p>If 'In this patient, define "multiple antifungal drugs" is equal to "Sequential treatment with single antifungal drugs" answer this question: Did the patient use any systemic antifungal drug(s) sequentially not mentioned in question 7.6.1.2.1?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> before_ICU_adm_antifungal_multiple_sequential_other <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
6.5.1.2.2.1	<p>If 'Did the patient use any systemic antifungal drug(s) sequentially not mentioned in question 7.6.1.2.1?' is equal to 'Yes' answer this question: What other systemic antifungal drug(s) did/does the patient use? Specify what other systemic antifungal drug the patient has used during the 30 days prior to ICU admission</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> before_ICU_adm_antifungal_multiple_sequential_other_name <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 30px;"></div>

6.5.1.2.3 *If 'In this patient, define "multiple antifungal drugs" is equal to 'A single combination of antifungal drugs' answer this question:*
 Which combination of systemic antifungal drugs did/does the patient use?
 Which combination of antifungal drugs has the patient used in the 30 days prior to ICU admission?
 Field type: Radiobutton
 Variable name: before_ICU_adm_antifungal_multiple_single_combination
 Field required: Required
 Option group name: Antifungal drug combinations 2017

- Voriconazole + anidulafungin
- Voriconazole + caspofungin
- Voriconazole + micafungin
- Voriconazole + amphotericin B desoxycholate
- Voriconazole + amphotericin B in lipid complexes
- Voriconazole + amphotericin B in liposomes
- Amphotericin B desoxycholate + anidulafungin
- Amphotericin B desoxycholate+ caspofungin
- Amphotericin B desoxycholate + micafungin
- Amphotericin B in lipid complexes + anidulafungin
- Amphotericin B in lipid complexes + caspofungin
- Amphotericin B in lipid complexes + micafungin
- Amphotericin B in liposomes + anidulafungin
- Amphotericin B in liposomes + caspofungin
- Amphotericin B in liposomes + micafungin
- Other combination
- Unknown

6.5.1.2.3.1 *If 'Which combination of systemic antifungal drugs did/does the patient use?' is equal to 'Other combination' answer this question:*
 What other combination of systemic antifungal drugs did/does the patient use?
 Specify what other systemic antifungal drug the patient has used during the 30 days prior to ICU admission
 Field type: Multiline Textfield
 Variable name: before_ICU_adm_antifungal_multiple_combination_other_which
 Field required: Required

6.5.1.2.4 *If 'In this patient, define "multiple antifungal drugs" is equal to 'Sequential treatment with antifungal drugs, including combination therapy' answer this question:*
 Which (combination of) systemic antifungal drugs did/does the patient use?
 Which antifungal drugs and combinations thereof has the patient used during the 30 days prior to ICU admission?
 For example, if the patient initially received voriconazole and amphotericin B in liposomes was added later, select "Voriconazole" as Antifungal treatment 1 and "Voriconazole + amphotericin B in liposomes" as Antifungal treatment 2
 Field type: Grid
 Variable name: before_ICU_adm_antifungal_multiple_sequential_incl_combination
 Field required: Not required

	Antifungal treatment 1	Antifungal treatment 2	Antifungal treatment 3	Antifungal treatment 4
Row Number 1	--	--	--	--

6.5.1.2.5 *If 'In this patient, define "multiple antifungal drugs" is equal to 'Sequential treatment with antifungal drugs, including combination therapy' answer this question:*
 Did the patient use any (combination of) systemic antifungal drugs not mentioned in question 7.6.1.2.4?
 Field type: Radiobutton
 Variable name: before_ICU_adm_antifungal_multiple_sequential_incl_combi_other
 Field required: Required
 Option group name: Yes/No/Unknown

- Yes
- No
- Unknown

6.5.1.2.5.1 *If 'Did the patient use any (combination of) systemic antifungal drugs not mentioned in question 7.6.1.2.4?' is equal to 'Yes' answer this question:*
 What other (combination of) systemic antifungal drugs did/does the patient use?
 Specify what other (combination of) systemic antifungal drugs the patient has used during the 30 days prior to ICU admission
 Field type: Multiline Textfield
 Variable name: before_ICU_adm_antifungal_multi_sequent_incl_combi_other_which
 Field required: Required

6.5.2 *If 'Systemic antifungal use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question:*
 When was the initial antifungal treatment started?
 Field type: Date
 Variable name: before_ICU_adm_antifungal_date_start
 Field required: Required

 (dd-mm-yyyy)

6.5.3 *If 'Systemic antifungal use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question:*
 Was the antifungal treatment stopped before ICU admission?
 Field type: Radiobutton
 Variable name: before_ICU_adm_antifungal_date_stop_yes_no
 Field required: Required
 Option group name: Yes/No 2017

- Yes
- No

6.5.3.1	<p>If 'Was the antifungal treatment stopped before ICU admission?' is equal to 'Yes' answer this question: When was the antifungal treatment stopped? Specify the date on which the last dose of any antifungal medication was given before ICU admission</p> <p>Field type: Date Variable name: before_ICU_adm_antifungal_date_stop Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 20px; display: flex; align-items: center; justify-content: center;"> (dd-mm-yyyy) </div>
6.5.4	<p>If 'Systemic antifungal use during the 30 days prior to ICU admission' is equal to 'Yes' answer this question: Total duration of antifungal treatment before ICU admission Warning shown if field's value is smaller than 1: 'Please check the date of starting and stopping antifungal treatment' The total duration of antifungal treatment in the 30 days prior to ICU admission</p> <p>Field type: Calculation Variable name: before_ICU_adm_antifungal_duration Field required: Not required Measurement Unit: days</p>	

7. Baseline - Before ICU admission - Microbiology before ICU admission

Number	Question	Answers
7.1	<p>Have any BACTERIAL lung pathogens been cultured from sputum/bronchial aspirate/BAL fluid or demonstrated by PCR during the 30 days prior to ICU admission? For patients that have been transferred from another hospital, the first day of ICU admission might also be at the ICU in the previous hospital</p> <p>Field type: Radiobutton Variable name: MMB_before_ICU_bact_sputum Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
7.1.1	<p>If 'Have any BACTERIAL lung pathogens been cultured from sputum/bronchial aspirate/BAL fluid or demonstrated by PCR during the 30 days prior to ICU admission?' is equal to 'Yes' answer this question: Bacterial culture result from sputum/bronchial aspirate/BAL fluid during the 30 days prior to ICU admission</p> <p>Field type: Repeated measures Variable name: Field required: Not required</p>	
7.2	<p>Has ASPERGILLUS been cultured from sputum/bronchial aspirate/BAL fluid during the 6 months prior to ICU admission?</p> <p>Field type: Radiobutton Variable name: MMB_before_ICU_aspergillus_sputum Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
7.2.1	<p>If 'Has ASPERGILLUS been cultured from sputum/bronchial aspirate/BAL fluid during the 6 months prior to ICU admission?' is equal to 'Yes' answer this question: Aspergillus culture result from sputum/bronchial aspirate/BAL fluid</p> <p>Field type: Repeated measures Variable name: Field required: Not required</p>	
7.3	<p>Have any VIRUSES been isolated from respiratory samples during the 30 days prior to ICU admission?</p> <p>Field type: Radiobutton Variable name: MMB_before_ICU_virus_sputum Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
7.3.1	<p>If 'Have any VIRUSES been isolated from respiratory samples during the 30 days prior to ICU admission?' is equal to 'Yes' answer this question: Viral isolation results from respiratory samples during the 30 days prior to ICU admission</p> <p>Field type: Repeated measures Variable name: Field required: Not required</p>	

8. COVID-19 diagnosis - Microbiology

Number	Question	Answers
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8.1	Date of first PCR for SARS-CoV-2 <i>Field type:</i> Date <i>Variable name:</i> diagn_first_PCR_date <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
8.2	Result of first PCR for SARS-CoV-2 <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_first_PCR_result <i>Field required:</i> Required <i>Option group name:</i> Test Result (Including Unknown)	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown
8.3	On which material was the first PCR for SARS-CoV-2 performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_first_PCR_material <i>Field required:</i> Required <i>Option group name:</i> Material PCR	<input type="radio"/> Swab - Nasopharynx <input type="radio"/> Swab - Throat <input type="radio"/> Swab - Nasopharynx and throat <input type="radio"/> Sputum <input type="radio"/> Bronchoalveolar lavage fluid <input type="radio"/> Faeces <input type="radio"/> Unknown
8.4	Has a second PCR for SARS-CoV-2 been performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_second_PCR_yes_no <i>Field required:</i> Required <i>Option group name:</i> Yes/No?unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.4.1	If 'Has a second PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: Date of second PCR for SARS-CoV-2 <i>Field type:</i> Date <i>Variable name:</i> diagn_second_PCR_date <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
8.4.2	If 'Has a second PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: Result of second PCR for SARS-CoV-2 <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_second_PCR_result <i>Field required:</i> Required <i>Option group name:</i> Test Result (Including Unknown)	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown
8.4.3	If 'Has a second PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: On which material was the second PCR for SARS-CoV-2 performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_second_PCR_material <i>Field required:</i> Required <i>Option group name:</i> Material PCR	<input type="radio"/> Swab - Nasopharynx <input type="radio"/> Swab - Throat <input type="radio"/> Swab - Nasopharynx and throat <input type="radio"/> Sputum <input type="radio"/> Bronchoalveolar lavage fluid <input type="radio"/> Faeces <input type="radio"/> Unknown
8.4.4	If 'Has a second PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: Has a third PCR for SARS-CoV-2 been performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_third_PCR_yes_no <i>Field required:</i> Required <i>Option group name:</i> Yes/No?unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
8.4.4.1	If 'Has a third PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: Date of third PCR for SARS-CoV-2 <i>Field type:</i> Date <i>Variable name:</i> diagn_third_PCR_date <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
8.4.4.2	If 'Has a third PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: Result of third PCR for SARS-CoV-2 <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_third_PCR_result <i>Field required:</i> Required <i>Option group name:</i> Test Result (Including Unknown)	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown
8.4.4.3	If 'Has a third PCR for SARS-CoV-2 been performed?' is equal to 'Yes' answer this question: On which material was the third PCR for SARS-CoV-2 performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_third_PCR_material <i>Field required:</i> Required <i>Option group name:</i> Material PCR	<input type="radio"/> Swab - Nasopharynx <input type="radio"/> Swab - Throat <input type="radio"/> Swab - Nasopharynx and throat <input type="radio"/> Sputum <input type="radio"/> Bronchoalveolar lavage fluid <input type="radio"/> Faeces <input type="radio"/> Unknown

9. COVID-19 diagnosis - Radiology

Number	Question	Answers
9.1	Was a chest X-ray performed at admission? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_X_ray <i>Field required:</i> Required <i>Option group name:</i> Yes/No/unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
9.1.1	<i>If 'Was a chest X-ray performed at admission?' is equal to 'Yes' answer this question:</i> Was the result of the chest X-ray suggestive of COVID-19? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_X_ray_COVID <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unclear/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unclear <input type="radio"/> Unknown
9.2	Was a chest CT scan performed at admission? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_CT <i>Field required:</i> Required <i>Option group name:</i> Yes/No/unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
9.2.1	<i>If 'Was a chest CT scan performed at admission?' is equal to 'Yes' answer this question:</i> Was the result of the chest CT scan suggestive of COVID-19? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_CT_COVID <i>Field required:</i> Required <i>Option group name:</i> Yes/No/unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
9.2.2	<i>If 'Was a chest CT scan performed at admission?' is equal to 'Yes' answer this question:</i> What was the patient's CO-RADS classification? <i>Field type:</i> Radiobutton <i>Variable name:</i> diagn_CT_CORADS <i>Field required:</i> Required <i>Option group name:</i> CO-RADS classification	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> Not performed <input type="radio"/> 0 (Insufficient quality)
9.2.3	<i>If 'Was a chest CT scan performed at admission?' is equal to 'Yes' answer this question:</i> What was the patient's CT severity score? The total score ranges from 0 to 25 <i>Field type:</i> Grd <i>Variable name:</i> diagn_CT_severity_score <i>Field required:</i> Not required	Points Left upper lobe: <input type="text"/> Left lower lobe: <input type="text"/> Right upper lobe: <input type="text"/> Right middle lobe: <input type="text"/> Right lower lobe: <input type="text"/> Total: <input type="text"/>
9.2.4	<i>If 'Was a chest CT scan performed at admission?' is equal to 'Yes' answer this question:</i> Were the following findings / comorbidities reported on chest CT scan? Incidentalomas are all incidental findings for which the radiologist advises further analysis in the conclusion of the report <i>Field type:</i> Grd <i>Variable name:</i> diagn_CT_comorbidities <i>Field required:</i> Not required	Column Number 1 Ground-glass opacities: <input type="text"/> Consolidations: <input type="text"/> Pleural effusion: <input type="text"/> Emphysema: <input type="text"/> Fibrosis: <input type="text"/> Cavitations: <input type="text"/> Halo sign: <input type="text"/> Inversed halo sign: <input type="text"/> Enlarged lymph nodes: <input type="text"/> Other: <input type="text"/>
9.2.5	<i>If 'Was a chest CT scan performed at admission?' is equal to 'Yes' answer this question:</i> Specify other findings / comorbidities reported on chest CT scan, if applicable <i>Field type:</i> Multiline Textfield <i>Variable name:</i> diagn_CT_comorbidities_other <i>Field required:</i> Not required	<input type="text"/>

10. Baseline - At ICU admission - Clinical parameters at ICU admission

Number	Question	Answers
For this section, please use the worst values of the clinical parameters measured at initial ICU admission or during the first 24 hours of ICU admission. When the patient has been transferred from another ICU, then please use the worst values of clinical parameters measured during the first 24 hours at this other ICU		
10.1	Was the APACHE II score calculated during the first 24 hours of ICU admission? <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_APACHE_II_yes_no <i>Field required:</i> Required <i>Option group name:</i> Yes/No 2017	<input type="radio"/> Yes <input type="radio"/> No

10.1.1	<p>If 'Was the APACHE II score calculated during the first 24 hours of ICU admission?' is equal to 'Yes' answer this question: What was the APACHE II score? <i>Warning shown if field's value is larger than 71: 'Please review the APACHE II score: it cannot exceed 71 points'</i> <i>Warning shown if field's value is smaller than 0: 'Please review the APACHE II score: it cannot be lower than 0 points'</i> Field type: Numeric field Variable name: ICU_adm_APACHE_number Field required: Required Field min: 0.00 Field max: 71.00 Measurement Unit: points</p>	<input type="text"/>	points
10.2	<p>Glasgow Coma Scale at ICU admission If the patient is currently sedated, use an estimated GCS prior to sedation. When the patient has been transferred from another ICU, use the worst GCS value measured during the first 24 hours of admission to the other ICU Field type: Numeric field Variable name: ICU_adm_GCS Field required: Required Field min: 3.00 Field max: 15.00</p>	<input type="text"/>	
10.3	<p>Core body temperature at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU Field type: Numeric field Variable name: ICU_adm_temp Field required: Required Measurement Unit: degrees Celsius</p>	<input type="text"/>	degrees Celsius
10.4	<p>Were any vasopressors/inotropes used at the time of ICU admission? When the patient has been transferred from another ICU, please refer to the situation as it was at the other ICU Field type: Radiobutton Variable name: ICU_adm_vasopress_inotropes Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
10.5	<p>Was the patient on renal replacement therapy at the time of ICU admission? When the patient has been transferred from another ICU, please refer to the situation as it was at the other ICU Field type: Radiobutton Variable name: ICU_adm_RRT Field required: Required Option group name: Yes/No 2017</p>	<input type="radio"/> Yes <input type="radio"/> No	
10.6	<p>Systolic blood pressure at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU Field type: Numeric field Variable name: ICU_adm_RR_syst Field required: Required Measurement Unit: mmHg</p>	<input type="text"/>	mmHg
10.7	<p>Diastolic blood pressure at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU Field type: Numeric field Variable name: ICU_adm_RR_diast Field required: Required Measurement Unit: mmHg</p>	<input type="text"/>	mmHg
10.8	<p>Calculated mean arterial blood pressure (MAP) at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU Field type: Calculation Variable name: ICU_adm_MAP Field required: Not required Measurement Unit: mmHg</p>		
10.9	<p>Heart rate at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU Field type: Numeric field Variable name: ICU_adm_HR Field required: Required Measurement Unit: beats per minute</p>	<input type="text"/>	beats per minute

10.10	<p>Was the patient on ventilatory support at the time of ICU admission? When the patient has been transferred from another ICU, please refer to the situation as it was at the other ICU.</p> <p>Types of ventilatory support include:</p> <ul style="list-style-type: none"> • Non-invasive (e.g., Optiflow, non-invasive BiPAP, non-invasive CPAP) • Invasive mechanical ventilation • Extracorporeal Membrane Oxygenation (ECMO) <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_din_mech_vent <i>Field required:</i> Required <i>Option group name:</i> Yes/No 2017</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
10.11	<p>Respiratory rate When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_resp_rate <i>Field required:</i> Required <i>Measurement Unit:</i> breaths per minute</p>	<p>_____ : breaths per minute</p>
10.12	<p>FIO2 at ICU admission When the patient has been transferred from another ICU, please refer to the situation as it was at the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_FIO2 <i>Field required:</i> Required <i>Measurement Unit:</i> %</p>	<p>_____ %</p>
10.13	<p>Peripheral oxygen saturation level at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_SpO2 <i>Field required:</i> Required <i>Measurement Unit:</i> %</p>	<p>_____ %</p>
10.14	<p>In which units is PaO2 measured? 1 mmHg = 0.133 kPa (approximately)</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_PaO2_unit <i>Field required:</i> Required <i>Option group name:</i> kPa or mmHg</p>	<p><input type="radio"/> kPa <input type="radio"/> mmHg</p>
10.14.1	<p><i>If 'In which units is PaO2 measured?' is equal to 'kPa' answer this question:</i> PaO2 at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU. 1 mmHg = 0.133 kPa (approximately)</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_PaO2_kPa <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Field max:</i> 25.00 <i>Measurement Unit:</i> kPa</p>	<p>_____ kPa</p>
10.14.2	<p><i>If 'In which units is PaO2 measured?' is equal to 'mmHg' answer this question:</i> PaO2 at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU. 1 mmHg = 0.133 kPa (approximately)</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_PaO2_mmHg <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> mmHg</p>	<p>_____ mmHg</p>

11. Baseline - At ICU admission - Laboratory results at ICU admission

Number	Question	Answers
	<p>For this section, please use the worst values of the laboratory measurements obtained at initial ICU admission or during the first 24 hours of ICU admission. When the patient has been transferred from another ICU, please use the worst values of laboratory measurements obtained during the first 24 hours at this other ICU. For missing/unknown values, please leave the field blank.</p>	

11.1	<p>In which units is CRP measured? 100 nmol/l = 10.5 mg/l</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_CRP_unit <i>Field required:</i> Required <i>Option group name:</i> Mgf/l or nmol/l</p>	<p><input type="radio"/> mg/l <input type="radio"/> nmol/l</p>												
11.1.1	<p><i>If 'In which units is CRP measured?' is equal to 'mg/l' answer this question:</i> CRP value at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>100 nmol/l = 10.5 mg/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_CRP_mg <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> mg/l</p>	<p><input type="text"/> mg/l</p>												
11.1.2	<p><i>If 'In which units is CRP measured?' is equal to 'nmol/l' answer this question:</i> CRP value at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>100 nmol/l = 10.5 mg/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_CRP_nmol <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> nmol/l</p>	<p><input type="text"/> nmol/l</p>												
11.1.3	<p><i>If 'In which units is CRP measured?' is equal to 'nmol/l' answer this question:</i> CRP conversion nmol/l to mg/l 100 nmol/l = 10.5 mg/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_CRP_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/l</p>													
11.2	<p>White blood cell count at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_leuko <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Field max:</i> 75.00 <i>Measurement Unit:</i> x 10E9/l</p>	<p><input type="text"/> x 10E9/l</p>												
11.3	<p>Differential white cell count at ICU admission</p> <p><i>Field type:</i> Grid <i>Variable name:</i> ICU_adm_leuko_diff <i>Field required:</i> Not required</p>	<table border="1"> <thead> <tr> <th></th> <th>Absolute number (x 10E9/l)</th> </tr> </thead> <tbody> <tr> <td>Neutrophils</td> <td><input type="text"/></td> </tr> <tr> <td>Lymphocytes</td> <td><input type="text"/></td> </tr> <tr> <td>Monocytes</td> <td><input type="text"/></td> </tr> <tr> <td>Eosinophils</td> <td><input type="text"/></td> </tr> <tr> <td>Basophils</td> <td><input type="text"/></td> </tr> </tbody> </table>		Absolute number (x 10E9/l)	Neutrophils	<input type="text"/>	Lymphocytes	<input type="text"/>	Monocytes	<input type="text"/>	Eosinophils	<input type="text"/>	Basophils	<input type="text"/>
	Absolute number (x 10E9/l)													
Neutrophils	<input type="text"/>													
Lymphocytes	<input type="text"/>													
Monocytes	<input type="text"/>													
Eosinophils	<input type="text"/>													
Basophils	<input type="text"/>													
11.4	<p>In which units is hemoglobin measured? 1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_Hb_unit <i>Field required:</i> Required <i>Option group name:</i> Mmol/l or g/dl</p>	<p><input type="radio"/> mmol/l <input type="radio"/> g/dl</p>												
11.4.1	<p><i>If 'In which units is hemoglobin measured?' is equal to 'mmol/l' answer this question:</i> Hemoglobin (Hb) at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_Hb_mmol <i>Field required:</i> Required <i>Measurement Unit:</i> mmol/l</p>	<p><input type="text"/> mmol/l</p>												
11.4.2	<p><i>If 'In which units is hemoglobin measured?' is equal to 'g/dl' answer this question:</i> Hemoglobin (Hb) at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_Hb_g <i>Field required:</i> Required <i>Measurement Unit:</i> g/dl</p>	<p><input type="text"/> g/dl</p>												

11.4.3	<p><i>If 'In which units is hemoglobin measured?' is equal to 'g/dl' answer this question:</i> Hb conversion g/dl to mmol/l 1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_hb_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	
11.5	<p>Hematocrit at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><input type="text"/> %</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_ht <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 100.00 <i>Measurement Unit:</i> %</p>	
11.6	<p>Red cell count at ICU admission</p> <p><input type="text"/> x 10E12/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_ery <i>Field required:</i> Not required <i>Measurement Unit:</i> x 10E12/l</p>	
11.7	<p>Platelet count at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><input type="text"/> x 10E9/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_thr <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Field max:</i> 10000.00 <i>Measurement Unit:</i> x 10E9/l</p>	
11.8	<p>In which units is blood urea nitrogen measured? 1 mg/dl = 0.3571 mmol/l</p> <p><input type="radio"/> mmol/l <input type="radio"/> mg/dl</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_urea_unit <i>Field required:</i> Required <i>Option group name:</i> Mmol/l or mg/dl</p>	
11.8.1	<p><i>If 'In which units is blood urea nitrogen measured?' is equal to 'mmol/l' answer this question:</i> Blood urea nitrogen level at ICU admission 1 mg/dl = 0.3571 mmol/l</p> <p><input type="text"/> mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_urea_mmol <i>Field required:</i> Required <i>Measurement Unit:</i> mmol/l</p>	
11.8.2	<p><i>If 'In which units is blood urea nitrogen measured?' is equal to 'mg/dl' answer this question:</i> Blood urea nitrogen level at ICU admission 1 mg/dl = 0.3571 mmol/l</p> <p><input type="text"/> mg/dl</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_urea_mg <i>Field required:</i> Required <i>Measurement Unit:</i> mg/dl</p>	
11.8.3	<p><i>If 'In which units is blood urea nitrogen measured?' is equal to 'mg/dl' answer this question:</i> Urea conversion mg/dl to mmol/l 1 mg/dl = 0.3571 mmol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_urea_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	
11.9	<p>In which units is serum creatinine measured? 1 mg/dl = 88.42 micromol/l</p> <p><input type="radio"/> micromol/l <input type="radio"/> mg/dl</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_creat_unit <i>Field required:</i> Required <i>Option group name:</i> Micromol/l or mg/dl</p>	
11.9.1	<p><i>If 'In which units is serum creatinine measured?' is equal to 'micromol/l' answer this question:</i> Serum creatinine at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU. 1 mg/dl = 88.42 micromol/l</p> <p><input type="text"/> micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_creat_micromol <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> micromol/l</p>	

11.9.2	<p><i>If 'In which units is serum creatinine measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Serum creatinine at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 mg/dl = 88.42 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_creat_mg <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> mg/dl</p>	<input type="text"/> mg/dl
11.9.3	<p><i>If 'In which units is serum creatinine measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Creatinine conversion mg/dl to micromol/l 1 mg/dl = 88.42 micromol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_creat_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l</p>	
11.10	<p>Estimated glomerular filtration rate (eGFR) at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_eGFR <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> ml/min/1.73 m2</p>	<input type="text"/> ml/min/1.73 m2
11.11	<p>Method of estimating eGFR</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_method_eGFR <i>Field required:</i> Required <i>Option group name:</i> eGFR method</p>	<input type="radio"/> MDRD equation <input type="radio"/> CKD-EPI equation <input type="radio"/> Cockcroft-Gault equation <input type="radio"/> Unknown
11.12	<p>Acute kidney injury at ICU admission? Acute kidney injury (AKI) defined according to the Kidney Disease: Improving Global outcomes (KDIGO) criteria:</p> <ul style="list-style-type: none"> • Increase in serum creatinine by ≥ 26.5 micromol/l (≥ 0.3 mg/dl) within 48 hours, or • Increase in serum creatinine to ≥ 1.5 times baseline values, which is known or presumed to have occurred within the prior seven days, or • Urine volume < 0.5 ml/kg/hour for six hours <p>Prior to classification, correction of volume status and obstructive causes of AKI are allowed.</p> <p>When the patient has been transferred from another ICU, use the data obtained during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_AKI <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
11.12.1	<p><i>If 'Acute kidney injury at ICU admission?' is equal to 'Yes' answer this question:</i></p> <p>Stage of acute kidney injury at ICU admission Staging of AKI according to KDIGO criteria:</p> <ul style="list-style-type: none"> • Stage 1: Increase in serum creatinine to 1.5 - 1.9 times baseline values, or increase in serum creatinine by ≥ 26.5 micromol/l (≥ 0.3 mg/dl), or reduction in urine output to < 0.5 ml/kg/hour for 6 - 12 hours • Stage 2: Increase in serum creatinine to 2.0 - 2.9 times baseline values, or reduction in urine output to < 0.5 ml/kg/hour for ≥ 12 hours • Stage 3: Increase in serum creatinine to 3.0 times baseline values, or increase in serum creatinine to ≥ 353.6 micromol/l (≥ 4.0 mg/dl), or reduction in urine output to < 0.3 ml/kg/hour for ≥ 24 hours, or anuria for ≥ 12 hours, or the initiation of renal replacement therapy <p>Classify patients according to criteria that result in the highest (i.e., most severe) stage of injury</p> <p>When the patient has been transferred from another ICU, use the worst value obtained during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_AKI_stage <i>Field required:</i> Required <i>Option group name:</i> Acute kidney injury stage</p>	<input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3
11.13	<p>Arterial pH at ICU admission When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_pH <i>Field required:</i> Required <i>Field min:</i> 1.00 <i>Field max:</i> 12.00</p>	<input type="text"/>

11.14	<p>Serum sodium at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 mEq/l = 1 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_Na <i>Field required:</i> Required <i>Field min:</i> 100.00 <i>Field max:</i> 200.00 <i>Measurement Unit:</i> mmol/l</p>	<input type="text"/> mmol/l
11.15	<p>Serum potassium at ICU admission</p> <p>(Worst) potassium level < 24 hours of admission to ICU. When transferred from another ICU then use potassium of first 24 hours at first ICU.</p> <p>1 mEq/l = 1 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_K <i>Field required:</i> Required <i>Measurement Unit:</i> mmol/l</p>	<input type="text"/> mmol/l
11.16	<p>In which units is total bilirubin measured?</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_total_bili_unit <i>Field required:</i> Required <i>Option group name:</i> Micromol/l or mg/dl</p>	<input type="radio"/> micromol/l <input type="radio"/> mg/dl
11.16.1	<p><i>If 'In which units is total bilirubin measured?' is equal to 'micromol/l' answer this question:</i></p> <p>Total bilirubin at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_total_bili_micromol <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> micromol/l</p>	<input type="text"/> micromol/l
11.16.2	<p><i>If 'In which units is total bilirubin measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Total bilirubin at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_total_bili_mg <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> mg/dl</p>	<input type="text"/> mg/dl
11.16.3	<p><i>If 'In which units is total bilirubin measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Total bilirubin conversion mg/dl to micromol/l</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_total_bili_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l</p>	
11.16.4	<p><i>If 'In which units is total bilirubin measured?' is equal to 'micromol/l' answer this question:</i></p> <p>Direct or conjugated bilirubin at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_direct_bili_micromol <i>Field required:</i> Required <i>Measurement Unit:</i> micromol/l</p>	<input type="text"/> micromol/l
11.16.5	<p><i>If 'In which units is total bilirubin measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Direct or conjugated bilirubin at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU</p> <p>1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_direct_bili_mg <i>Field required:</i> Required <i>Measurement Unit:</i> mg/dl</p>	<input type="text"/> mg/dl

11.16.6	<p><i>If 'In which units is total bilirubin measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Total bilirubin conversion mg/dl to micromol/l 1 mg/dl = 17.1 micromol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_direct_bili_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l</p>	
11.17	<p>ALAT level at ICU admission</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_ALAT <i>Field required:</i> Required <i>Measurement Unit:</i> UI</p>	<input type="text"/> UI
11.18	<p>Gamma glutamyl transpeptidase (GGT) level at ICU admission</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_GGT <i>Field required:</i> Required <i>Measurement Unit:</i> UI</p>	<input type="text"/> UI
11.19	<p>Albumin level at ICU admission</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_alb <i>Field required:</i> Required <i>Measurement Unit:</i> g/l</p>	<input type="text"/> g/l
11.20	<p>Total protein level at ICU admission</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_tot_prot <i>Field required:</i> Not required <i>Measurement Unit:</i> g/l</p>	<input type="text"/> g/l
11.21	<p>INR at ICU admission</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_INR <i>Field required:</i> Required</p>	<input type="text"/>
11.22	<p>Ferritin level at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 ng/ml = 1 microgram/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_ferritin <i>Field required:</i> Not required <i>Measurement Unit:</i> microgram/l</p>	<input type="text"/> microgram/l
11.23	<p>In which units are serum triglyceride levels measured?</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_TG_unit <i>Field required:</i> Required <i>Option group name:</i> Mmol/l or mg/dl</p>	<input type="radio"/> mmol/l <input type="radio"/> mg/dl
11.23.1	<p><i>If 'In which units are serum triglyceride levels measured?' is equal to 'mmol/l' answer this question:</i></p> <p>Serum triglyceride level at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_TG_mmol <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	<input type="text"/> mmol/l
11.23.2	<p><i>If 'In which units are serum triglyceride levels measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Serum triglyceride level at ICU admission</p> <p>When the patient has been transferred from another ICU, use the worst value measured during the first 24 hours of admission to the other ICU.</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_TG_mg <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/dl</p>	<input type="text"/> mg/dl
11.23.3	<p><i>If 'In which units are serum triglyceride levels measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Serum triglyceride level conversion mg/dl to mmol/l</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_TG_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l</p>	

11.24	In which units is fibrinogen measured? 1 mg/l = 0.00294 micromol/l 1 g/l = 2.94 micromol/l <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_adm_fibrinogen_unit <i>Field required:</i> Required <i>Option group name:</i> g/l or mg/l or micromol/l	<input type="radio"/> g/l <input type="radio"/> mg/l <input type="radio"/> micromol/l
11.24.1	<i>If 'In which units is fibrinogen measured?' is equal to 'g/l' answer this question:</i> Fibrinogen level at ICU admission 1 mg/l = 0.00294 micromol/l <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_fibrinogen_mg <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/l	<input type="text"/> : mg/l
11.24.2	<i>If 'In which units is fibrinogen measured?' is equal to 'mg/l' answer this question:</i> Fibrinogen level at ICU admission 1 mg/l = 0.00294 micromol/l <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_fibrinogen_micromol <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l	<input type="text"/> : micromol/l
11.24.3	<i>If 'In which units is fibrinogen measured?' is equal to 'g/l' answer this question:</i> Fibrinogen level at ICU admission 1 g/l = 2.94 micromol/l <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_fibrinogen_g <i>Field required:</i> Not required <i>Measurement Unit:</i> g/l	<input type="text"/> : g/l
11.24.4	<i>If 'In which units is fibrinogen measured?' is equal to 'mg/l' answer this question:</i> Fibrinogen level conversion micromol/l to mg/l 1 mg/l = 0.00294 micromol/l <i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_fibrinogen_conversion_micromol_to_mg <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/l	
11.24.5	<i>If 'In which units is fibrinogen measured?' is equal to 'g/l' answer this question:</i> Fibrinogen level conversion g/l to mg/l 1 mg/l = 0.001 g/l <i>Field type:</i> Calculation <i>Variable name:</i> ICU_adm_fibrinogen_conversion_g_to_mg <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/l	
11.25	D-dimer level at ICU admission In case of a D-dimer level < 500 ng/ml, please enter "0" <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_adm_Ddimer <i>Field required:</i> Required <i>Measurement Unit:</i> ng/ml	<input type="text"/> : ng/ml

12. Baseline - At ICU admission - Microbiological results at ICU admission

Number	Question	Answers
	For this section, please include the microbiology test results from samples taken at the time of diagnosis of COVID-19. This could be either at the ICU or at a non-ICU department	
12.1	Have any BACTERIAL lung pathogens been cultured from sputum/bronchial aspirate/BAL fluid or demonstrated by PCR at the time of COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_bact_at_ICU_adm <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
12.1.1	<i>If 'Have any BACTERIAL lung pathogens been cultured from sputum/bronchial aspirate/BAL fluid or demonstrated by PCR at the time of COVID-19 diagnosis?' is equal to 'Yes' answer this question:</i> Bacterial culture results from sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis <i>Field type:</i> Repeated measures <i>Variable name:</i> MMB_bact_at_ICU_adm_results <i>Field required:</i> Not required	

12.2	Were urinary antigen tests for <i>S. pneumoniae</i> and/or <i>L. pneumophila</i> performed at the time of COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_urin_Ag_test <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
12.2.1	If "Were urinary antigen tests for <i>S. pneumoniae</i> and/or <i>L. pneumophila</i> performed at the time of COVID-19 diagnosis?" is equal to "Yes" answer this question: Which urinary antigen test(s) was/were performed? <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_urin_Ag_which <i>Field required:</i> Required <i>Option group name:</i> Urinary antigen tests	<input type="radio"/> <i>S. pneumoniae</i> <input type="radio"/> <i>L. pneumophila</i> <input type="radio"/> <i>S. pneumoniae</i> AND <i>L. pneumophila</i>
12.2.1.1	If "Which urinary antigen test(s) was/were performed?" is not equal to " <i>S. pneumoniae</i> AND <i>L. pneumophila</i> " answer this question: What was the result of the urinary antigen test? <i>Notice shown if field's value is equal to Unknown/pending:</i> "If results of urinary antigen testing are pending at the time of ICU admission, please include the test result in the "ICU discharge" section" <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_urin_Ag_result <i>Field required:</i> Required <i>Option group name:</i> Urinary Ag test result	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown/pending
12.2.1.2	If "Which urinary antigen test(s) was/were performed?" is equal to " <i>S. pneumoniae</i> AND <i>L. pneumophila</i> " answer this question: What were the results of the urinary antigen tests? <i>Notice shown if field's value is equal to Unknown/pending:</i> "If results of urinary antigen testing are pending at the time of ICU admission, please include the test result in the "ICU discharge" section" <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_urin_Ag_result_both <i>Field required:</i> Required <i>Option group name:</i> Urinary Ag test result 2	<input type="radio"/> Both positive <input type="radio"/> Both negative <input type="radio"/> <i>S. pneumoniae</i> positive, <i>L. pneumophila</i> negative <input type="radio"/> <i>S. pneumoniae</i> negative, <i>L. pneumophila</i> positive <input type="radio"/> Unknown/pending
12.3	Has ASPERGILLUS been cultured from sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis? <i>Notice shown if field's value is equal to Yes:</i> "If any fungal pathogens have been isolated from the respiratory tract at the time of influenza or CAP diagnosis, please provide data in the "Suspicion of invasive aspergillosis" and/or "Fungal microbiology results (consecutive)" section" <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_fungal <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
12.3.1	If "Has ASPERGILLUS been cultured from sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis?" is equal to "Yes" answer this question: Aspergillus culture results from sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	
12.4	Was PNEUMOCYSTIS JIROVECIi PCR positive in sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_PJP <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
12.5	Were tests for OTHER VIRUSES than SARS-CoV-2 positive in sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> MMB_at_ICU_adm_virus <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
12.5.1	If "Were tests for OTHER VIRUSES than SARS-CoV-2 positive in sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis?" is equal to "Yes" answer this question: Other viral pathogens in sputum/bronchial aspirate/BAL fluid at the time of COVID-19 diagnosis <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	

13. Baseline - At ICU admission - Treatment at ICU admission

Number	Question	Answers
	In this section, specify the treatment given to the patient during the first 24 hours of ICU admission	
	In this section, if the patient was transferred from another ICU, then specify the treatment at the time of admission to the initial ICU	

13.1	<p>Was SDD started at admission to the current (study site) ICU? SDD = Selective Decontamination of the Digestive tract (including administration of intravenous antibiotics)</p> <p>SDD = Selective Decontamination of the Oropharyngeal tract.</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_SDD_start <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
13.2	<p>Was SDD started at admission to the current (study site) ICU? SDD = Selective Decontamination of the Digestive tract (including administration of intravenous antibiotics)</p> <p>SDD = Selective Decontamination of the Oropharyngeal tract.</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_SDD_start <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
13.3	<p><i>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question:</i> Was SDD used in the previous hospital? SDD = Selective Decontamination of the Digestive tract (including administration of intravenous antibiotics)</p> <p>SDD = Selective Decontamination of the Oropharyngeal tract.</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_SDD_other_hosp <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
13.4	<p><i>If 'Was the patient transferred from another hospital?' is equal to 'Yes' answer this question:</i> Was SDD used in the previous hospital? SDD = Selective Decontamination of the Digestive tract (including administration of intravenous antibiotics)</p> <p>SDD = Selective Decontamination of the Oropharyngeal tract.</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_SDD_other_hosp <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
13.5	<p>Did the patient receive any systemic antifungal treatment at the time of ICU admission?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_antifungal_yes_or_no <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
13.5.1	<p><i>If 'Did the patient receive any systemic antifungal treatment at the time of ICU admission?' is equal to 'Yes' answer this question:</i> Which systemic antifungal drug(s) did the patient receive at the time of ICU admission?</p> <p><i>Field type:</i> Checkbox <i>Variable name:</i> med_at_ICU_adm_antifungal_which <i>Field required:</i> Required <i>Option group name:</i> Antifungal drugs 2017</p>	<input type="checkbox"/> Fluconazole <input type="checkbox"/> Itraconazole <input type="checkbox"/> Ketoconazole <input type="checkbox"/> Fosconazole <input type="checkbox"/> Voriconazole <input type="checkbox"/> Anidulafungin <input type="checkbox"/> Caspofungin <input type="checkbox"/> Micafungin <input type="checkbox"/> Terbinafine <input type="checkbox"/> Amphotericin B desoxycholate <input type="checkbox"/> Amphotericin B in lipid complexes <input type="checkbox"/> Amphotericin B in liposomes <input type="checkbox"/> Other <input type="checkbox"/> Unknown
13.5.1.1	<p><i>If 'Which systemic antifungal drug(s) did the patient receive at the time of ICU admission?' is equal to 'Other' answer this question:</i> What other systemic antifungal drug(s) did the patient receive at the time of ICU admission?</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> med_at_ICU_adm_antifungal_other <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 30px;"></div>
13.5.2	<p><i>If 'Did the patient receive any systemic antifungal treatment at the time of ICU admission?' is equal to 'Yes' answer this question:</i> Was this systemic antifungal treatment continued at the time of ICU admission?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> med_at_ICU_adm_antifungal_continued <i>Field required:</i> Required <i>Option group name:</i> Antifungals continued</p>	<input type="radio"/> Yes <input type="radio"/> Yes, but systemic antifungal drugs were added <input type="radio"/> No, systemic antifungal treatment was switched <input type="radio"/> No, systemic antifungal treatment was stopped altogether

13.5.2.1	<p><i>If 'Was this systemic antifungal treatment continued at the time of ICU admission?' is equal to 'Yes, but systemic antifungal drugs were added' answer this question:</i> Which systemic antifungal drug(s) was/were added to the treatment at the time of ICU admission? Field type: Checkbox Variable name: med_at_ICU_adm_antifungal_added_which Field required: Required Option group name: Antifungal drugs 2017</p>	<input type="checkbox"/> Fluconazole <input type="checkbox"/> Itraconazole <input type="checkbox"/> Ketoconazole <input type="checkbox"/> Posaconazole <input type="checkbox"/> Voriconazole <input type="checkbox"/> Anidulafungin <input type="checkbox"/> Caspofungin <input type="checkbox"/> Micafungin <input type="checkbox"/> Terbinafine <input type="checkbox"/> Amphotericin B desoxycholate <input type="checkbox"/> Amphotericin B in lipid complexes <input type="checkbox"/> Amphotericin B in liposomes <input type="checkbox"/> Other <input type="checkbox"/> Unknown
13.5.2.1.1	<p><i>If 'Which systemic antifungal drug(s) was/were added to the treatment at the time of ICU admission?' is equal to 'Other' answer this question:</i> What other systemic antifungal drug(s) was/were added to the treatment at the time of ICU admission? Field type: Multiline Textfield Variable name: med_at_ICU_adm_antifungal_added_other Field required: Required</p>	<div style="border: 1px dashed black; height: 30px; width: 100%;"></div>
13.5.2.2	<p><i>If 'Was this systemic antifungal treatment continued at the time of ICU admission?' is equal to 'No, systemic antifungal treatment was switched' answer this question:</i> To which systemic antifungal drug(s) was the antifungal treatment switched at the time of ICU admission? Field type: Checkbox Variable name: med_at_ICU_adm_antifungal_switch_which Field required: Required Option group name: Antifungal drugs 2017</p>	<input type="checkbox"/> Fluconazole <input type="checkbox"/> Itraconazole <input type="checkbox"/> Ketoconazole <input type="checkbox"/> Posaconazole <input type="checkbox"/> Voriconazole <input type="checkbox"/> Anidulafungin <input type="checkbox"/> Caspofungin <input type="checkbox"/> Micafungin <input type="checkbox"/> Terbinafine <input type="checkbox"/> Amphotericin B desoxycholate <input type="checkbox"/> Amphotericin B in lipid complexes <input type="checkbox"/> Amphotericin B in liposomes <input type="checkbox"/> Other <input type="checkbox"/> Unknown
13.5.2.2.1	<p><i>If 'To which systemic antifungal drug(s) was the antifungal treatment switched at the time of ICU admission?' is equal to 'Other' answer this question:</i> To what other systemic antifungal drug(s) was the antifungal treatment switched at the time of ICU admission? Field type: Multiline Textfield Variable name: med_at_ICU_adm_antifungal_switch_other Field required: Required</p>	<div style="border: 1px dashed black; height: 30px; width: 100%;"></div>

14. Suspicion of Invasive Aspergillosis - General information

Number	Question	Answers
	Enter this section in case of:	
	1. Mycological evidence of Aspergillus at the time of COVID-19 diagnosis or at any time thereafter during ICU stay (any positive cultures or any galactomannan values, including those considered negative)	
	and/or	
	2. Start of antifungal treatment based on a suspicion of invasive aspergillosis	
	In case of suspicion of invasive aspergillosis, please not only provide the initial fungal microbiological results (including galactomannan values), but also follow-up culture and galactomannan results, if obtained	
14.1	<p>When was invasive aspergillosis first suspected? A suspicion of invasive aspergillosis can be considered when antifungal treatment is initiated because of any mycological evidence for the presence of Aspergillus (without fulfilling diagnostic criteria for invasive aspergillosis yet)</p> <p>Field type: Date Variable name: suspect_IA_date Field required: Required</p>	<div style="border: 1px dashed black; display: inline-block; padding: 2px;">(dd-mm-yyyy)</div>

14.2	<p>Was a definitive diagnosis of invasive aspergillosis eventually made? <i>Field type:</i> Radiobutton <i>Variable name:</i> IA_def_diagnosis_yes_no <i>Field required:</i> Required <i>Option group name:</i> Yes/No 2017</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
14.2.1	<p><i>If "Was a definitive diagnosis of invasive aspergillosis eventually made?" is equal to "Yes" answer this question:</i> When was invasive aspergillosis definitively diagnosed? <i>Field type:</i> Date <i>Variable name:</i> suspect_IA_diagnosis <i>Field required:</i> Required</p>	<p><input type="text"/> (dd-mm-yyyy)</p>
14.2.2	<p><i>If "Was a definitive diagnosis of invasive aspergillosis eventually made?" is equal to "Yes" answer this question:</i> On which criteria was the diagnosis of invasive aspergillosis based? Please specify the criteria you have selected in the relevant sections later on <i>Field type:</i> Checkbox <i>Variable name:</i> suspect_IA_diagnosis_criteria <i>Field required:</i> Required <i>Option group name:</i> Criteria diagnosis IA</p>	<p><input type="checkbox"/> Host factor - Medical history <input type="checkbox"/> Host factor - Immunosuppressive medication <input type="checkbox"/> Host factor - Other <input type="checkbox"/> Clinical criteria - Tracheobronchitis on bronchoscopy <input type="checkbox"/> Clinical criteria - Radiological signs <input type="checkbox"/> Clinical criteria - Other <input type="checkbox"/> Mycologic criteria - Histologic examination of biopsy <input type="checkbox"/> Mycological criteria - Microscopic analysis of BAL fluid <input type="checkbox"/> Mycological criteria - Positive Aspergillus culture BAL fluid <input type="checkbox"/> Mycological criteria - Positive Aspergillus PCR BAL fluid <input type="checkbox"/> Mycological criteria - Microscopic analysis of bronchial lavage fluid <input type="checkbox"/> Mycological criteria - Positive Aspergillus culture of bronchial lavage fluid <input type="checkbox"/> Mycological criteria - Positive Aspergillus PCR of bronchial lavage fluid <input type="checkbox"/> Mycological criteria - Microscopic analysis of bronchial aspirate <input type="checkbox"/> Mycological criteria - Positive Aspergillus culture of bronchial aspirate <input type="checkbox"/> Mycological criteria - Positive Aspergillus PCR of bronchial aspirate <input type="checkbox"/> Mycological criteria - Microscopic analysis of tracheal aspirate <input type="checkbox"/> Mycological criteria - Positive Aspergillus culture of tracheal aspirate <input type="checkbox"/> Mycological criteria - Positive Aspergillus PCR of tracheal aspirate <input type="checkbox"/> Mycological criteria - Microscopic analysis of sputum <input type="checkbox"/> Mycological criteria - Positive Aspergillus culture of sputum <input type="checkbox"/> Mycological criteria - Positive Aspergillus PCR of sputum <input type="checkbox"/> Mycological criteria - Galactomannan BAL fluid \geq 1.0 <input type="checkbox"/> Mycological criteria - Galactomannan serum \geq 0.5 <input type="checkbox"/> Mycological criteria - Other</p>
14.2.2.1	<p><i>If "On which criteria was the diagnosis of invasive aspergillosis based?" is equal to "Host factor - Other" answer this question:</i> Specify on what other host factor the diagnosis of invasive aspergillosis was based <i>Field type:</i> Multiline Textfield <i>Variable name:</i> suspect_IA_diagnosis_other_host <i>Field required:</i> Required</p>	<p><input type="text"/></p>
14.2.2.2	<p><i>If "On which criteria was the diagnosis of invasive aspergillosis based?" is equal to "Clinical criteria - Other" answer this question:</i> Specify on what other clinical criteria the diagnosis of invasive aspergillosis was based <i>Field type:</i> Multiline Textfield <i>Variable name:</i> suspect_IA_diagnosis_other_clinical <i>Field required:</i> Required</p>	<p><input type="text"/></p>
14.2.2.3	<p><i>If "On which criteria was the diagnosis of invasive aspergillosis based?" is equal to "Mycological criteria - Other" answer this question:</i> Specify on what other mycological criteria the diagnosis of invasive aspergillosis was based <i>Field type:</i> Multiline Textfield <i>Variable name:</i> suspect_IA_diagnosis_other_mycological <i>Field required:</i> Required</p>	<p><input type="text"/></p>
14.2.3	<p><i>If "Was a definitive diagnosis of invasive aspergillosis eventually made?" is equal to "No" answer this question:</i> When was invasive aspergillosis definitively excluded? <i>Field type:</i> Date <i>Variable name:</i> IA_def_exclusion_date <i>Field required:</i> Required</p>	<p><input type="text"/> (dd-mm-yyyy)</p>

14.2.4	<p>If 'Was a definitive diagnosis of invasive aspergillosis eventually made?' is equal to 'No' answer this question: On which criteria was the diagnosis of invasive aspergillosis definitively rejected? Field type: Checkbox Variable name: suspect_IA_d_agnosis_criteria_exclusion Field required: Required Option group name: Negative criteria IA</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Host factor - No relevant medical history <input type="checkbox"/> Host factor - No immunosuppressive medication <input type="checkbox"/> Host factor - Other <input type="checkbox"/> Clinical criteria - No tracheobronchitis on bronchoscopy <input type="checkbox"/> Clinical criteria - No radiological signs <input type="checkbox"/> Clinical criteria - Other <input type="checkbox"/> Mycological criteria - Negative microscopic analysis of BAL fluid <input type="checkbox"/> Mycological criteria - Negative fungal culture of BAL fluid for Aspergillus <input type="checkbox"/> Mycological criteria - Negative Aspergillus PCR of BAL fluid <input type="checkbox"/> Mycological criteria - Negative microscopic analysis of bronchial lavage fluid <input type="checkbox"/> Mycological criteria - Negative fungal culture of bronchial lavage fluid for Aspergillus <input type="checkbox"/> Mycological criteria - Negative Aspergillus PCR of bronchial lavage fluid <input type="checkbox"/> Mycological criteria - Negative microscopic analysis of bronchial aspirate <input type="checkbox"/> Mycological criteria - Negative fungal culture of bronchial aspirate for Aspergillus <input type="checkbox"/> Mycological criteria - Negative Aspergillus PCR of bronchial aspirate <input type="checkbox"/> Mycological criteria - Negative microscopic analysis of tracheal aspirate <input type="checkbox"/> Mycological criteria - Negative fungal culture of tracheal aspirate for Aspergillus <input type="checkbox"/> Mycological criteria - Negative Aspergillus PCR of tracheal aspirate <input type="checkbox"/> Mycological criteria - Negative microscopic analysis of sputum <input type="checkbox"/> Mycological criteria - Negative fungal culture of sputum for Aspergillus <input type="checkbox"/> Mycological criteria - Negative Aspergillus PCR of sputum <input type="checkbox"/> Mycological criteria - Negative BAL fluid galactomannan <input type="checkbox"/> Mycological criteria - Negative serum galactomannan <input type="checkbox"/> Mycological criteria - Other
14.2.4.1	<p>If 'On which criteria was the diagnosis of invasive aspergillosis definitively rejected?' is equal to 'Host factor - Other' answer this question: Specify on what other host factor the diagnosis of invasive aspergillosis was rejected Field type: Multiline Textfield Variable name: suspect_IA_d_agnosis_excl_other_host Field required: Required</p>	<div style="border: 1px dashed black; height: 35px; width: 120px;"></div>
14.2.4.2	<p>If 'On which criteria was the diagnosis of invasive aspergillosis definitively rejected?' is equal to 'Clinical criteria - Other' answer this question: Specify on what other clinical criteria the diagnosis of invasive aspergillosis was rejected Field type: Multiline Textfield Variable name: suspect_IA_d_agnosis_excl_other_clinical Field required: Required</p>	<div style="border: 1px dashed black; height: 35px; width: 120px;"></div>
14.2.4.3	<p>If 'On which criteria was the diagnosis of invasive aspergillosis definitively rejected?' is equal to 'Mycological criteria - Other' answer this question: Specify on what other mycological criteria the diagnosis of invasive aspergillosis was rejected Field type: Multiline Textfield Variable name: suspect_IA_d_agnosis_excl_other_mycological Field required: Required</p>	<div style="border: 1px dashed black; height: 35px; width: 120px;"></div>
14.3	<p>Did the patient receive systemic corticosteroids between ICU admission and first suspicion of invasive aspergillosis? Systemic = i.v. or p.o. Field type: Radiobutton Variable name: suspect_IA_corticosteroids Field required: Required Option group name: Yes/No 2017</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
14.3.1	<p>If 'Did the patient receive systemic corticosteroids between ICU admission and first suspicion of invasive aspergillosis?' is equal to 'Yes' answer this question: (Approximate) cumulative dose of corticosteroids administered between ICU admission and first suspicion of invasive aspergillosis Specify the (approximate) cumulative dose of systemic corticosteroids administered between ICU admission and first suspicion of invasive aspergillosis in prednisone equivalents. Please refer to the table below for conversion to prednisolone equivalent doses Field type: Numeric field Variable name: suspect_IA_cortico_dose Field required: Required Measurement Unit: mg (prednisone equivalent)</p>	<div style="border: 1px dashed black; display: inline-block; width: 100px; height: 15px;"></div> mg (prednisone equivalent)

14.3.2 *If 'Did the patient receive systemic corticosteroids between ICU admission and first suspicion of invasive aspergillosis?' is equal to 'Yes' answer this question:*
 Prednisone equivalent doses table
 Field type: Image
 Variable name:
 Field required: Not required

Corticosteroid	Prednis(ol)one equivalent dose (mg)
Prednis(ol)one	1
Methylprednisolone	0.8
Dexamethasone	0.15
Hydrocortisone	4
Cortisone	5
Betamethasone	0.15

14.3.3 *If 'Did the patient receive systemic corticosteroids between ICU admission and first suspicion of invasive aspergillosis?' is equal to 'Yes' answer this question:*
 Cumulative dose of corticosteroids per kg bodyweight
 Cumulative dose of corticosteroids in mg of prednisone equivalents per kg bodyweight administered between ICU admission and first suspicion of invasive aspergillosis
 Field type: Calculation
 Variable name:
 suspect_IA_cortico_dose_per_kg
 Field required: Not required
 Measurement Unit: mg (prednisone equivalent) / kg

15. Suspicion of Invasive Aspergillosis - Signs and symptoms

Number	Question	Answers
15.1	At the time of suspicion of invasive aspergillosis: were one or more of these signs and symptoms applicable? Field type: Checkbox Variable name: suspect_IA_signs_symptoms Field required: Required Option group name: Signs and symptoms respiratory deterioration	<input type="checkbox"/> Fever unresponsive to at least 3 days of appropriate antibiotic therapy <input type="checkbox"/> Recrudescent fever after a period of normal body temperature of at least 48 hours while still on antibiotics and without another apparent cause <input type="checkbox"/> Pleuritic chest pain <input type="checkbox"/> Pleuritic rub <input type="checkbox"/> Dyspnea <input type="checkbox"/> Hemoptysis <input type="checkbox"/> Worsening respiratory insufficiency in spite of appropriate antibiotic therapy and ventilatory support <input type="checkbox"/> Other
15.1.1	<i>If 'At the time of suspicion of invasive aspergillosis: were one or more of these signs and symptoms applicable?' is equal to 'Other' answer this question:</i> At the time of suspicion of invasive aspergillosis: What other signs and symptoms were applicable? Field type: Multiline Textfield Variable name: Field required: Required	

16. Suspicion of Invasive Aspergillosis - Microbiological results

Number	Question	Answers
16.1	Was Aspergillus cultured from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid? SDD = Selective decontamination of the digestive tract Field type: Radiobutton Variable name: suspect_IA_MMB_Asp_culture Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
16.1.1	<i>If 'Was Aspergillus cultured from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid?' is equal to 'Yes' answer this question:</i> When was the first positive Aspergillus culture obtained? Field type: Date Variable name: suspect_IA_MMB_first_culture_date Field required: Required	<input type="text"/> (dd-mm-yyyy)

16.1.2	<p>If 'Was Aspergillus cultured from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid?' is equal to 'Yes' answer this question: From what source was the first positive Aspergillus culture obtained? <i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_MMB_first_culture_source <i>Field required:</i> Required <i>Option group name:</i> Source Aspergillus culture</p>	<input type="radio"/> SDD culture specimen <input type="radio"/> Sputum <input type="radio"/> Tracheal aspirate <input type="radio"/> Bronchial aspirate <input type="radio"/> Bronchial lavage fluid <input type="radio"/> BAL fluid <input type="radio"/> Other
16.1.2.1	<p>If 'From what source was the first positive Aspergillus culture obtained?' is equal to 'Other' answer this question: Specify the other source from which the first positive Aspergillus culture was obtained <i>Field type:</i> Multiline Textfield <i>Variable name:</i> suspect_IA_MMB_Asp_first_culture_source_other <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 35px;"></div>
<p>Please provide additional details for the first culture positive for Aspergillus below; alternatively, go to the "Fungal microbiology results" section. For details concerning consecutive cultures positive for Aspergillus (from any specimen source), please make separate reports for each positive culture in this section as well</p>		
16.1.4	<p>If 'Was Aspergillus cultured from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid?' is equal to 'Yes' answer this question: First positive Aspergillus culture results <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	
16.2	<p>Was a positive Aspergillus PCR obtained from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid? SDD = Selective decontamination of the digestive tract <i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_MMB_Asp_PCR <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
16.2.1	<p>If 'Was a positive Aspergillus PCR obtained from an SDD specimen, sputum, tracheal aspirate, bronchial aspirate, bronchial lavage or BAL fluid?' is equal to 'Yes' answer this question: When was the first positive Aspergillus PCR obtained? <i>Field type:</i> Date <i>Variable name:</i> suspect_IA_MMB_first_PCR_date <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 10px;"></div> (dd-mm-yyyy)
<p>Please provide additional details for the first positive Aspergillus PCR below; alternatively go to the "Fungal microbiology results" section. For details concerning consecutive positive Aspergillus PCRs (from any specimen source), please make separate reports for each positive Aspergillus PCR in this section as well</p>		
16.3	<p>First positive Aspergillus PCR results <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	
16.4	<p>Was the galactomannan antigen test positive in BAL fluid? A galactomannan antigen optical density index ≥ 1.0 is considered positive for BAL fluid <i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_MMB_GM_BAL <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
16.4.1	<p>If 'Was the galactomannan antigen test positive in BAL fluid?' is equal to 'Yes' answer this question: When was the first positive galactomannan antigen test result in BAL fluid obtained? Including values obtained at other hospitals, if applicable <i>Field type:</i> Date <i>Variable name:</i> suspect_IA_MMB_GM_BAL_date <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 10px;"></div> (dd-mm-yyyy)
<p>Please provide the optical density index value of the first positive galactomannan antigen test in BAL fluid below; Alternatively, values can be provided in the "Fungal microbiology results" section. Please provide all obtained consecutive values (including negative ones) in this section as well. These values can be provided at any time</p>		
<p>Please provide the optical density index value of the galactomannan antigen test in BAL fluid performed at the time of the first positive Aspergillus culture below; Alternatively, values can be provided in the "Fungal microbiology results" section. Please provide all obtained consecutive values (including negative ones) in this section as well. These values can be provided at any time</p>		
16.5	<p>Optical density index value of galactomannan antigen test in BAL fluid <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	
16.6	<p>Was the galactomannan antigen test positive in serum? A galactomannan antigen optical density index ≥ 0.5 is considered positive for serum <i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_MMB_GM_serum <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed

16.6.1	<p><i>If 'Was the galactomannan antigen test positive in serum?' is equal to 'Yes' answer this question:</i></p> <p>When was the first positive galactomannan antigen test result in serum obtained? Including values obtained at other hospitals, if applicable</p> <p><i>Field type:</i> Date <i>Variable name:</i> suspect_IA_MMB_GM_serum_date <i>Field required:</i> Required</p>	<input type="text"/> (dd-mm-yyyy)
Please provide the optical density index value of the first positive galactomannan antigen test in serum below. Alternatively, values can be provided in the "Fungal microbiology results" section. Please provide all obtained consecutive values (including negative ones) in this section as well. These values can be provided at any time		
Please provide the optical density index value of the galactomannan antigen test in serum performed at the time of the first positive Aspergillus culture below; Alternatively, values can be provided in the "Fungal microbiology results" section. Please provide all obtained consecutive values (including negative ones) in this section as well. These values can be provided at any time		
16.7	<p>Optical density index value of galactomannan antigen test in serum</p> <p><i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	

17. Suspicion of Invasive Aspergillosis - Radiological results

Number	Question	Answers
17.1	<p>Was a chest CT scan performed at the time when invasive aspergillosis was suspected? If the patient has been transferred from another hospital, please include chest CT scans of the other hospital in your answer as well</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_CT <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
17.1.1	<p><i>If 'Was a chest CT scan performed at the time when invasive aspergillosis was suspected?' is equal to 'Yes' answer this question:</i></p> <p>Please provide additional information about the performed chest CT scans here</p> <p><i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required</p>	

18. Suspicion of Invasive Aspergillosis - Antifungal treatment

Number	Question	Answers
The questions in this section pertain only to the initial antifungal drug regimen started because of (suspected) invasive aspergillosis, be it in the study site hospital or at another hospital from which the patient has been transferred. For subsequent changes to this regimen in the course of treatment, please provide data in the "Antifungal treatment (consecutive)" section		
18.1	<p>Was antifungal treatment started because of (suspected) invasive aspergillosis?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_antifungal_treatment <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
18.1.1	<p><i>If 'Was antifungal treatment started because of (suspected) invasive aspergillosis?' is equal to 'Yes' answer this question:</i></p> <p>When was antifungal treatment started?</p> <p><i>Field type:</i> Date <i>Variable name:</i> suspect_IA_antifungal_treatment_date <i>Field required:</i> Required</p>	<input type="text"/> (dd-mm-yyyy)
18.1.2	<p><i>If 'Was antifungal treatment started because of (suspected) invasive aspergillosis?' is equal to 'Yes' answer this question:</i></p> <p>Did initial antifungal treatment consist of a single antifungal drug or a combination of antifungal drugs? If the patient was transferred from another hospital, please include initial antifungal treatment started in the other hospital in your answer, if applicable</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> suspect_IA_antifungal_treatment_single_or_combi <i>Field required:</i> Required <i>Option group name:</i> Single or combination antifungal therapy</p>	<input type="radio"/> A single antifungal drug <input type="radio"/> A combination of antifungal drugs <input type="radio"/> Unknown

18.1.2.1	<p>If 'Did initial antifungal treatment consist of a single antifungal drug or a combination of antifungal drugs?' is equal to 'A single antifungal drug' answer this question: Which antifungal drug was initially started? Field type: Radiobutton Variable name: suspect_IA_antifungal_treatment_single_which Field required: Required Option group name: Antifungal drugs 2017</p>	<p><input type="radio"/> Fluconazole <input type="radio"/> Itraconazole <input type="radio"/> Ketoconazole <input type="radio"/> Posaconazole <input type="radio"/> Voriconazole <input type="radio"/> Anidulafungin <input type="radio"/> Caspofungin <input type="radio"/> Micafungin <input type="radio"/> Terbinafine <input type="radio"/> Amphotericin B desoxycholate <input type="radio"/> Amphotericin B in lipid complexes <input type="radio"/> Amphotericin B in liposomes <input type="radio"/> Other <input type="radio"/> Unknown</p>
18.1.2.1.1	<p>If 'Which antifungal drug was initially started?' is equal to 'Other' answer this question: What other antifungal drug was initially started? Field type: Multiline Textfield Variable name: suspect_IA_antifungal_treatment_single_other Field required: Required</p>	<div style="border: 1px dashed black; height: 34px; width: 119px;"></div>
18.1.2.2	<p>If 'Did initial antifungal treatment consist of a single antifungal drug or a combination of antifungal drugs?' is equal to 'A combination of antifungal drugs' answer this question: Which combination of antifungal drugs was initially started? Field type: Radiobutton Variable name: suspect_IA_antifungal_treatment_combi_which Field required: Required Option group name: Antifungal drug combinations 2017</p>	<p><input type="radio"/> Voriconazole + anidulafungin <input type="radio"/> Voriconazole + caspofungin <input type="radio"/> Voriconazole + micafungin <input type="radio"/> Voriconazole + amphotericin B desoxycholate <input type="radio"/> Voriconazole + amphotericin B in lipid complexes <input type="radio"/> Voriconazole + amphotericin B in liposomes <input type="radio"/> Amphotericin B desoxycholate + anidulafungin <input type="radio"/> Amphotericin B desoxycholate+ caspofungin <input type="radio"/> Amphotericin B desoxycholate + micafungin <input type="radio"/> Amphotericin B in lipid complexes + anidulafungin <input type="radio"/> Amphotericin B in lipid complexes + caspofungin <input type="radio"/> Amphotericin B in lipid complexes + micafungin <input type="radio"/> Amphotericin B in liposomes + anidulafungin <input type="radio"/> Amphotericin B in liposomes + caspofungin <input type="radio"/> Amphotericin B in liposomes + micafungin <input type="radio"/> Other combination <input type="radio"/> Unknown</p>
18.1.2.2.1	<p>If 'Which combination of antifungal drugs was initially started?' is equal to 'Other combination' answer this question: What other combination of antifungal drugs was initially started? Field type: Multiline Textfield Variable name: suspect_IA_antifungal_treatment_combi_other Field required: Required</p>	<div style="border: 1px dashed black; height: 34px; width: 119px;"></div>
18.1.3	<p>If 'Was antifungal treatment started because of (suspected) invasive aspergillosis?' is equal to 'Yes' answer this question: Was therapeutic drug monitoring performed? Field type: Radiobutton Variable name: suspect_IA_antifungal_treatment_TDM Field required: Required Option group name: Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
<p>Please provide the results of therapeutic drug monitoring below; Alternatively, results can be provided in the "Therapeutic drug monitoring" section. Please provide all consecutive results in this section as well. These can be provided at any time</p>		
18.1.3.2	<p>If 'Was therapeutic drug monitoring performed?' is equal to 'Yes' answer this question: Therapeutic drug monitoring results Field type: Repeated measures Variable name: Field required: Not required</p>	
<p>Please make a new report in the "Antifungal treatment" for each change in antifungal therapy regimen (not applicable for dosage adjustments only)</p>		

19. ICU discharge - General information

Number	Question	Answers
19.1	<p>When did the patient leave the ICU? Field type: Date Variable name: ICU_disch_date Field required: Required</p>	<div style="border: 1px dashed black; display: inline-block; padding: 2px;">(dd-mm-yyyy)</div>

19.2	<p>Duration of ICU stay at study site Total number of days the patient has stayed at the study site ICU</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_duration_stay_study_site <i>Field required:</i> Not required <i>Measurement Unit:</i> days</p>	
19.3	<p>If 'What date was the patient admitted to the ICU of the other hospital?' is not equal to '0' answer this question: Total duration of ICU stay (including ICU stay at the other hospital) <i>Warning shown if field's value is smaller than 0: 'The provided date of ICU discharge lies before the provided date of admission! Please review the dates of admission to and discharge from ICU'</i> Total number of days the patient has stayed in the ICU (study site ICU + ICU at the other hospital)</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_duration_total <i>Field required:</i> Not required <i>Measurement Unit:</i> days</p>	
19.4	<p>What was the reason for ICU discharge?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_reason <i>Field required:</i> Required <i>Option group name:</i> Reason ICU discharge</p>	<p><input type="radio"/> Clinical improvement <input type="radio"/> Patient deceased <input type="radio"/> Patient transferred to another hospital <input type="radio"/> Palliative care <input type="radio"/> Other <input type="radio"/> Unknown</p>
19.4.1	<p>If 'What was the reason for ICU discharge?' is equal to 'Patient deceased' answer this question: Date of death</p> <p><i>Field type:</i> Date <i>Variable name:</i> ICU_disch_date_death <i>Field required:</i> Required</p>	<p><input type="text"/> (dd-mm-yyyy)</p>
19.4.2	<p>If 'What was the reason for ICU discharge?' is equal to 'Patient deceased' answer this question: Was an autopsy performed?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_death_autopsy <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
19.4.2.1	<p>If 'Was an autopsy performed?' is equal to 'Yes' answer this question: What was the result of the autopsy? Please insert a copy of the obduction report here</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> ICU_disch_death_obduction_result <i>Field required:</i> Required</p>	<p><input type="text"/></p>
19.4.3	<p>If 'What was the reason for ICU discharge?' is equal to 'Patient transferred to another hospital' answer this question: To which hospital has the patient been transferred?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_trans_hosp_which <i>Field required:</i> Required <i>Option group name:</i> Hospitals</p>	<p><input type="radio"/> Radboudumc <input type="radio"/> MUMC+ <input type="radio"/> Erasmus MC <input type="radio"/> LUMC <input type="radio"/> VU <input type="radio"/> AMC <input type="radio"/> UMCGU <input type="radio"/> UMCG <input type="radio"/> UZ Leuven <input type="radio"/> UZ Gent <input type="radio"/> Jessa Ziekenhuis <input type="radio"/> Brugge Ziekenhuis <input type="radio"/> Stuurberg Ziekenhuis <input type="radio"/> Other</p>
<p>Please contact the other hospital for possible merging of records which may be created in the hospital to which the patient will be transferred</p>		
19.4.3.2	<p>If 'To which hospital has the patient been transferred?' is equal to 'Other' answer this question: What other hospital? Specify the hospital to which the patient has been transferred</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> ICU_disch_trans_hosp_which_other <i>Field required:</i> Required</p>	<p><input type="text"/></p>
19.4.4	<p>If 'What was the reason for ICU discharge?' is equal to 'Other' answer this question: Specify the other reason for ICU discharge</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> ICU_disch_reason_other <i>Field required:</i> Required</p>	<p><input type="text"/></p>

19.5	<p>Was the patient on ventilatory support at any time during ICU admission? Types of ventilatory support include:</p> <ul style="list-style-type: none"> • Non-invasive (e.g., Optiflow, non-invasive BIPAP, non-invasive CPAP) • Invasive mechanical ventilation • Extracorporeal Membrane Oxygenation (ECMO) <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_mech_vent <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
19.5.1	<p>If 'Was the patient on ventilatory support at any time during ICU admission?' is equal to 'Yes' answer this question: What type of ventilatory support did the patient receive? Types of non-invasive ventilatory support include:</p> <ul style="list-style-type: none"> • Optiflow • Non-invasive BIPAP • Non-invasive CPAP <p><i>Field type:</i> Checkbox <i>Variable name:</i> ICU_disch_dlin_mech_vent_type <i>Field required:</i> Required <i>Option group name:</i> Type(s) of mechanical ventilatory support</p>	<input type="checkbox"/> Non-invasive ventilatory support <input type="checkbox"/> Invasive mechanical ventilation <input type="checkbox"/> Invasive mechanical ventilation in the prone position <input type="checkbox"/> Ventilation with NO <input type="checkbox"/> Extracorporeal Membrane Oxygenation (ECMO) <input type="checkbox"/> Other
19.5.1.1	<p>If 'What type of ventilatory support did the patient receive?' is equal to 'Other' answer this question: Specify the other type of ventilatory support the patient received <i>Field type:</i> Multiline Textfield <i>Variable name:</i> ICU_disch_dlin_mech_vent_other <i>Field required:</i> Required</p>	<div style="border: 1px dashed black; width: 100%; height: 30px;"></div>
19.5.2	<p>If 'Was the patient on ventilatory support at any time during ICU admission?' is equal to 'Yes' answer this question: Ventilatory support + transferred to another hospital = 1 <i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_mech_vent_AND_transferred <i>Field required:</i> Not required</p>	
19.5.2.1	<p>If 'Ventilatory support + transferred to another hospital = 1' is equal to '1' answer this question: Is the patient still on ventilatory support? <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_dlin_mech_vent_still <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
19.5.1.2	<p>If 'What type of ventilatory support did the patient receive?' is equal to 'Non-invasive ventilatory support' answer this question: Please specify the total cumulative number of days the patient was on non-invasive ventilatory support The day non-invasive ventilatory support was stopped should be counted as one day. Please also include the number of days of ventilatory support in another hospital, if the patient was transferred from another hospital before being admitted to the current ICU. Types of non-invasive ventilatory support include:</p> <ul style="list-style-type: none"> • Optiflow • Non-invasive BIPAP • Non-invasive CPAP <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_mech_vent_non_invasive_days <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> days</p>	<div style="border: 1px dashed black; width: 100%; height: 15px;"></div> days
19.5.1.3	<p>If 'What type of ventilatory support did the patient receive?' is equal to 'Invasive mechanical ventilation' answer this question: Please specify the total cumulative number of days the patient was on invasive ventilatory support The day the patient is extubated should be counted as a day of ventilatory support. Please also include the number of days of ventilatory support in another hospital, if the patient was transferred from another hospital before being admitted to the current ICU. <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_mech_vent_invasive_days <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> days</p>	<div style="border: 1px dashed black; width: 100%; height: 15px;"></div> days
19.5.1.4	<p>If 'What type of ventilatory support did the patient receive?' is equal to 'Extracorporeal Membrane Oxygenation (ECMO)' answer this question: Please specify the total cumulative number of days the patient was on ECMO The day ECMO was stopped should also be counted as one day of ECMO support. Please also include the number of days of ECMO in another hospital, if the patient was transferred from another hospital before being admitted to the current ICU. <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_mech_vent_ECMO_days <i>Field required:</i> Required <i>Field min:</i> 0.00 <i>Measurement Unit:</i> days</p>	<div style="border: 1px dashed black; width: 100%; height: 15px;"></div> days

19.6	<p>Were any vasopressors and/or inotropes used at any time during ICU admission?</p> <p>Field type: Radiobutton Variable name: ICU_disch_vasopres_inotrope Field required: Required Option group name: Yes/No 2017</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>
19.7	<p>Did the patient need renal replacement therapy at any time during ICU admission?</p> <p>Field type: Radiobutton Variable name: ICU_disch_RRT Field required: Required Option group name: Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
19.8	<p>Which of these diagnostic modalities (potentially used to diagnose invasive pulmonary aspergillosis) were employed in the patient during ICU admission?</p> <p>Field type: Checkbox Variable name: ICU_disch_modalities_diagn_IA_employed_ICU_stay Field required: Required Option group name: Diagnostic modalities invasive aspergillosis</p>	<p><input type="checkbox"/> Histological biopsy <input type="checkbox"/> Bronchoscopy without BAL <input type="checkbox"/> Bronchoscopy with BAL <input type="checkbox"/> Bronchoscopy with mini-BAL <input type="checkbox"/> Bronchial lavage <input type="checkbox"/> Bronchial aspirate <input type="checkbox"/> Tracheal aspirate <input type="checkbox"/> Sputum culture or PCR <input type="checkbox"/> Galactomannan BAL fluid <input type="checkbox"/> Galactomannan serum <input type="checkbox"/> Other <input type="checkbox"/> None of the above</p>
19.8.1	<p>If 'Which of these diagnostic modalities (potentially used to diagnose invasive pulmonary aspergillosis) were employed in the patient during ICU admission?' is equal to 'Other' answer this question: What other diagnostic modality (potentially used to diagnose invasive pulmonary aspergillosis) was employed in the patient during ICU admission?</p> <p>Field type: Multiline Textfield Variable name: ICU_disch_modalities_diagn_IA_employed_ICU_stay_other Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 30px;"></div>
19.9	<p>Was there any suspicion of invasive aspergillosis at any time during ICU stay?</p> <p>Notice shown if field's value is equal to Yes: 'Please provide additional clinical and microbiological data in the "Suspicion of invasive aspergillosis" section and the follow-up data in the "Fungal microbiology results (consecutive)" section, respectively'</p> <p>Field type: Radiobutton Variable name: ICU_disch_IA_suspicion_during_ICU_stay Field required: Required Option group name: Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
<p>In case of suspicion of invasive aspergillosis, please refer to the "Suspicion of Invasive Aspergillosis" section</p>		

20. ICU discharge - Laboratory results at ICU discharge

Number	Question	Answers
	<p>Please provide laboratory results from samples obtained between ICU admission and ICU discharge here. If laboratory parameters are unknown or certain tests have not been performed, please leave the field blank.</p>	
20.1	<p>If 'In which units is CRP measured?' is equal to 'nmol/l' answer this question: Highest CRP value during ICU stay When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital</p> <p>Field type: Numeric field Variable name: ICU_disch_CRP_nmol Field required: Not required Field min: 0.00 Field max: 700.00 Measurement Unit: nmol/l</p>	<div style="border: 1px dashed black; width: 100px; height: 20px;"></div> nmol/l
20.2	<p>If 'In which units is CRP measured?' is equal to 'mg/l' answer this question: Highest CRP value during ICU stay When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital</p> <p>Field type: Numeric field Variable name: ICU_disch_CRP_mg Field required: Not required Field min: 0.00 Field max: 700.00 Measurement Unit: mg/l</p>	<div style="border: 1px dashed black; width: 100px; height: 20px;"></div> mg/l

20.3	<p><i>If 'In which units is CRP measured?' is equal to 'nmol/l' answer this question:</i></p> <p>CRP conversion nmol/l to mg/l 100 nmol/l = 10.5 mg/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_CRP_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> mg/l</p>	
20.4	<p>Lowest white blood cell count during ICU stay</p> <p>When the patient has been transferred from another ICU, use the lowest value obtained during stay at the ICU at the study site and the other hospital.</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_lowest_leuko <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 75.00 <i>Measurement Unit:</i> x 10E9/l</p>	<input type="text"/> x 10E9/l
20.5	<p>Highest white blood cell count during ICU stay</p> <p>When the patient has been transferred from another ICU, use the lowest value obtained during stay at the ICU at the study site and the other hospital.</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_highest_leuko <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 75.00 <i>Measurement Unit:</i> x 10E9/l</p>	<input type="text"/> x 10E9/l
20.6	<p><i>If 'In which units is hemoglobin measured?' is equal to 'mmol/l' answer this question:</i></p> <p>Lowest hemoglobin (Hb) during ICU stay</p> <p>When the patient has been transferred from another ICU, use the lowest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_Hb_mmol <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	<input type="text"/> mmol/l
20.7	<p><i>If 'In which units is hemoglobin measured?' is equal to 'g/dl' answer this question:</i></p> <p>Lowest hemoglobin (Hb) during ICU stay</p> <p>When the patient has been transferred from another ICU, use the lowest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_Hb_g <i>Field required:</i> Not required <i>Measurement Unit:</i> g/dl</p>	<input type="text"/> g/dl
20.8	<p><i>If 'In which units is hemoglobin measured?' is equal to 'g/dl' answer this question:</i></p> <p>Hb conversion g/dl to mmol/l 1 g/dl = 0.6206 mmol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_Hb_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	
20.9	<p>Lowest platelet count during ICU stay</p> <p>When the patient has been transferred from another ICU, use the lowest value obtained during stay at the ICU at the study site and the other hospital.</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_plat <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 1000.00 <i>Measurement Unit:</i> x 10E9/l</p>	<input type="text"/> x 10E9/l
20.10	<p><i>If 'In which units is serum creatinine measured?' is equal to 'micromol/l' answer this question:</i></p> <p>Highest serum creatinine during ICU stay</p> <p>When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 mg/dl = 88.42 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_creat_micromol <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 1000.00 <i>Measurement Unit:</i> micromol/l</p>	<input type="text"/> micromol/l

20.11	<p><i>If 'In which units is serum creatinine measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Highest serum creatinine during ICU stay</p> <p>When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 mg/dl = 88.42 micromol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_creat_mg <i>Field required:</i> Not required <i>Field min:</i> 0.00 <i>Field max:</i> 1000.00 <i>Measurement Unit:</i> mg/dl</p>	[] mg/dl
20.12	<p><i>If 'In which units is serum creatinine measured?' is equal to 'mg/dl' answer this question:</i></p> <p>Creatinine conversion mg/dl to micromol/l</p> <p>1 mg/dl = 88.42 micromol/l</p> <p><i>Field type:</i> Calculation <i>Variable name:</i> ICU_disch_creat_conversion <i>Field required:</i> Not required <i>Measurement Unit:</i> micromol/l</p>	
20.13	<p>Did the patient suffer from acute kidney injury at any time during ICU admission?</p> <p>Acute kidney injury (AKI) defined according to the Kidney Disease: Improving Global Outcomes (KDIGO) criteria:</p> <ul style="list-style-type: none"> • Increase in serum creatinine by ≥ 26.5 micromol/l (≥ 0.3 mg/dl) within 48 hours, or • Increase in serum creatinine to ≥ 1.5 times baseline values, which is known or presumed to have occurred within the prior seven days, or • Urine volume < 0.5 ml/kg/hour for six hours <p>Prior to classification, correction of volume status and obstructive causes of AKI are allowed.</p> <p>When the patient has been transferred from another ICU, use the worst value obtained during stay at the ICU at the study site and the other hospital</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_AKI <i>Field required:</i> Not required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
20.13.1	<p><i>If 'Did the patient suffer from acute kidney injury at any time during ICU admission?' is equal to 'Yes' answer this question:</i></p> <p>Stage of acute kidney injury during ICU admission</p> <p>Staging of AKI according to KDIGO criteria:</p> <ul style="list-style-type: none"> • Stage 1: Increase in serum creatinine to 1.5 - 1.9 times baseline values, or increase in serum creatinine by ≥ 26.5 micromol/l (≥ 0.3 mg/dl), or reduction in urine output to < 0.5 ml/kg/hour for 6 - 12 hours • Stage 2: Increase in serum creatinine to 2.0 - 2.9 times baseline values, or reduction in urine output to < 0.5 ml/kg/hour for ≥ 12 hours • Stage 3: Increase in serum creatinine to 3.0 times baseline values, or increase in serum creatinine to ≥ 353.6 micromol/l (≥ 4.0 mg/dl), or reduction in urine output to < 0.3 ml/kg/hour for ≥ 24 hours, or anuria for ≥ 12 hours, or the initiation of renal replacement therapy <p>Classify patients according to criteria that result in the highest (i.e., most severe) stage of injury.</p> <p>When the patient has been transferred from another ICU, use the worst value obtained during stay at the ICU at the study site and the other hospital</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_AKI_stage <i>Field required:</i> Not required <i>Option group name:</i> Acute kidney injury stage</p>	<input type="radio"/> Stage 1 <input type="radio"/> Stage 2 <input type="radio"/> Stage 3
20.14	<p>Highest ferritin level during ICU stay</p> <p>When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 ng/ml = 1 microgram/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_ferritin <i>Field required:</i> Not required <i>Measurement Unit:</i> microgram/l</p>	[] microgram/l
20.15	<p><i>If 'In which units are serum triglyceride levels measured?' is equal to 'mmol/l' answer this question:</i></p> <p>Highest serum triglycerides during ICU stay</p> <p>When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p><i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_TG_mmol <i>Field required:</i> Not required <i>Measurement Unit:</i> mmol/l</p>	[] mmol/l

20.16	<p>If 'In which units are serum triglyceride levels measured?' is equal to 'mg/dl' answer this question:</p> <p>Highest serum triglycerides during ICU stay</p> <p>When the patient has been transferred from another ICU, use the highest value obtained during stay at the ICU at the study site and the other hospital.</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p>Field type: Numeric field</p> <p>Variable name: ICU_disch_TG_mg</p> <p>Field required: Not required</p> <p>Measurement Unit: mg/dl</p>	<input type="text"/> mg/dl
20.17	<p>If 'In which units are serum triglyceride levels measured?' is equal to 'mg/dl' answer this question:</p> <p>Serum triglyceride level conversion mg/dl to mmol/l</p> <p>1 mg/dl = 0.0113 mmol/l</p> <p>Field type: Calculation</p> <p>Variable name: ICU_disch_TG_conversion</p> <p>Field required: Not required</p> <p>Measurement Unit: micromol/l</p>	
20.18	<p>Highest D-dimer level during ICU stay</p> <p>In case of D-dimer levels < 500 ng/ml, please enter "0"</p> <p>Field type: Numeric field</p> <p>Variable name: ICU_disch_Ddimer</p> <p>Field required: Required</p> <p>Measurement Unit: ng/ml</p>	<input type="text"/> ng/ml

21. ICU discharge - Microbiological results at ICU discharge

Number	Question	Answers
21.1	<p>Have any BACTERIAL lung pathogens been cultured from respiratory samples or demonstrated by PCR within 7 days after COVID-19 diagnosis?</p> <p>Field type: Radiobutton</p> <p>Variable name: ICU_disch_MMB_bact</p> <p>Field required: Required</p> <p>Option group name: Yes/No/Unknown/Not performed</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
21.1.1	<p>If 'Have any BACTERIAL lung pathogens been cultured from respiratory samples or demonstrated by PCR within 7 days after COVID-19 diagnosis?' is equal to 'Yes' answer this question:</p> <p>Bacterial culture and PCR results from respiratory samples within 7 days after COVID-19 diagnosis</p> <p>Field type: Repeated measures</p> <p>Variable name: ICU_disch_MMB_bact_results</p> <p>Field required: Not required</p>	
21.2	<p>If 'What was the result of the urinary antigen test?' is equal to 'Unknown/pending' answer this question:</p> <p>What was the result of the urinary antigen test?</p> <p>Notice shown if field's value is equal to Unknown/pending: 'If results of urinary antigen testing are pending at the time of ICU admission, please include the test result in the 'ICU discharge' section'</p> <p>Field type: Radiobutton</p> <p>Variable name: MMB_at_ICU_adm_urin_Ag_result_1</p> <p>Field required: Required</p> <p>Option group name: Urinary Ag test result</p>	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Unknown/pending
21.3	<p>If 'What were the results of the urinary antigen tests?' is equal to 'Unknown/pending' answer this question:</p> <p>What were the results of the urinary antigen tests?</p> <p>Notice shown if field's value is equal to Unknown/pending: 'If results of urinary antigen testing are pending at the time of ICU admission, please include the test result in the 'ICU discharge' section'</p> <p>Field type: Radiobutton</p> <p>Variable name: MMB_at_ICU_adm_urin_Ag_result_both_1</p> <p>Field required: Required</p> <p>Option group name: Urinary Ag test result 2</p>	<input type="radio"/> Both positive <input type="radio"/> Both negative <input type="radio"/> S. pneumoniae positive, L. pneumophila negative <input type="radio"/> S. pneumoniae negative, L. pneumophila positive <input type="radio"/> Unknown/pending
21.4	<p>Has ASPERGILLUS been cultured from an SDD specimen and/or respiratory samples during ICU stay (even if > 7 days after COVID-19 diagnosis)?</p> <p>Notice shown if field's value is equal to Yes: 'If ASPERGILLUS has been isolated from the respiratory tract during ICU admission, please provide data in the "Suspicion of invasive aspergillosis" and "Fungal microbiology results" section'</p> <p>Field type: Radiobutton</p> <p>Variable name: ICU_disch_MMB_fungal</p> <p>Field required: Required</p> <p>Option group name: Yes/No/Unknown/Not performed</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed

21.5	Was PNEUMOCYSTIS JIROVECIi PCR positive in respiratory samples within 7 days after COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_MMB_PJP <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
21.6	Were tests for OTHER VIRUSES than SARS-CoV-2 positive in respiratory samples within 7 days after COVID-19 diagnosis? <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_virus <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown/Not performed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> Not performed
21.6.1	<i>If 'Were tests for OTHER VIRUSES than SARS-CoV-2 positive in respiratory samples within 7 days after COVID-19 diagnosis?' is equal to 'Yes' answer this question:</i> Other viral pathogens in respiratory samples within 7 days after COVID-19 diagnosis <i>Field type:</i> Repeated measures <i>Variable name:</i> ICU_disch_virus_what <i>Field required:</i> Not required	

22. ICU discharge - Radiological results

Number	Question	Answers
	When transferred from another ICU, also consider radiological study results obtained at the other ICU	
22.1	Was a chest CT scan performed during this admission? Please include any chest CT scans performed at non-ICU departments. When transferred from another hospital, also include radiological study results obtained at the other hospital <i>Field type:</i> Radiobutton <i>Variable name:</i> ct_adm <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
22.1.1	<i>If 'Was a chest CT scan performed during this admission?' is equal to 'Yes' answer this question:</i> Please provide additional information about the performed chest CT scans here <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	

23. ICU discharge - Treatment at ICU discharge

Number	Question	Answers
23.1	Did the patient receive any systemic corticosteroids during ICU stay? Systemic = i.v. or p.o. <i>Field type:</i> Radiobutton <i>Variable name:</i> ICU_disch_corticosteroids_during_stay <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
23.1.1	<i>If 'Did the patient receive any systemic corticosteroids during ICU stay?' is equal to 'Yes' answer this question:</i> (Approximate) cumulative dose of corticosteroids administered between ICU admission and ICU discharge. Specify the (approximate) cumulative dose of systemic corticosteroids administered during ICU admission in prednisone equivalents. Please refer to the table below for conversion to prednis(ol)one equivalent doses <i>Field type:</i> Numeric field <i>Variable name:</i> ICU_disch_cortico_dose <i>Field required:</i> Required <i>Measurement Unit:</i> mg (prednisone equivalent)	<input type="text"/> mg (prednisone equivalent)

23.1.2 *If 'Did the patient receive any systemic corticosteroids during ICU stay?' is equal to 'Yes' answer this question:*
 Prednisone equivalent doses table
Field type: Image
Variable name:
Field required: Not required

Corticosteroid	Prednis(ol)one equivalent dose (mg)
Prednis(ol)one	1
Methylprednisolone	0.8
Dexamethasone	0.15
Hydrocortisone	4
Cortisone	5
Betamethasone	0.15

23.1.3 *If 'Did the patient receive any systemic corticosteroids during ICU stay?' is equal to 'Yes' answer this question:*
 Cumulative dose of corticosteroids per kg bodyweight
 Cumulative dose of corticosteroids in mg of prednisone equivalents per kg bodyweight administered between ICU admission and first suspicion of invasive aspergillosis
Field type: Calculation
Variable name: ICU_disch_cortico_dose_per_kg
Field required: Not required
Measurement Unit: mg (prednisone equivalent) / kg

23.2 Which of these systemic antibiotics did the patient receive during ICU admission?
Field type: Checkbox
Variable name: ICU_disch_treatment_AB
Field required: Required
Option group name: Antibiotics possibly influencing galactomannan results

Amoxicillin
 Amoxicillin/clavulanic acid
 Piperacillin/tazobactam
 None of the above

23.2.1 *If 'Which of these systemic antibiotics did the patient receive during ICU admission?' is not equal to 'None of the above' answer this question:*
 Please provide additional information on antibiobacterial treatment during ICU admission here
Field type: Repeated measures
Variable name:
Field required: Not required

23.3 Did the patient receive any systemic antifungal treatment during ICU stay?
Notice shown if field's value is equal to Yes:
 Please provide additional data on antifungal treatments and subsequent changes thereof in the "Antifungal treatment (consecutive)" section
Field type: Radiobutton
Variable name: ICU_disch_antifungal
Field required: Required
Option group name: Yes/No/Unknown

Yes
 No
 Unknown

Please provide additional data concerning systemic antifungal treatment during and after ICU admission in the "Suspicion of Invasive Aspergillosis" (if applicable) and "Antifungal treatment" sections

24. COVID-19 specific treatment - COVID-19 specific treatment


Number	Question	Answers
24.1	Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay Please also take into account the period during which the patient was admitted to hospital, but not to the ICU <i>Field type:</i> Checkbox <i>Variable name:</i> ICU_disch_COVID_treatment <i>Field required:</i> Required <i>Option group name:</i> COVID-19 treatment	<input type="checkbox"/> Chloroquine <input type="checkbox"/> Hydroxychloroquine <input type="checkbox"/> Remdesivir <input type="checkbox"/> Lopinavir/ritonavir <input type="checkbox"/> Anakinra <input type="checkbox"/> Tocilizumab <input type="checkbox"/> Icatibant <input type="checkbox"/> Lanadelumab <input type="checkbox"/> Convalescent serum <input type="checkbox"/> Other <input type="checkbox"/> None of the above

24.1.1	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Other' answer this question:</i> Please specify the other treatment patient received for COVID-19 <i>Field type:</i> Multiline Textfield <i>Variable name:</i> ICU_disch_COVID_treatment_other <i>Field required:</i> Required	<input type="text"/>
24.1.2	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Chloroquine' answer this question:</i> When was chloroquine started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_CQ_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.3	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Chloroquine' answer this question:</i> When was chloroquine stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_CQ_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.4	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Hydroxychloroquine' answer this question:</i> When was hydroxychloroquine started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_HCQ_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.5	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Hydroxychloroquine' answer this question:</i> When was hydroxychloroquine stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_HCQ_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.6	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Remdesivir' answer this question:</i> When was remdesivir started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_remdesi_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.7	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Remdesivir' answer this question:</i> When was remdesivir stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_remdesi_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.8	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Lopinavir/ritonavir' answer this question:</i> When was lopinavir/ritonavir started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_lopina_r_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.9	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Lopinavir/ritonavir' answer this question:</i> When was lopinavir/ritonavir stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_lopina_r_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.10	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Anakinra' answer this question:</i> When was anakinra started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_anakinra_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.11	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Anakinra' answer this question:</i> When was anakinra stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_anakinra_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.12	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Tocilizumab' answer this question:</i> When was tocilizumab started? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_toci_date_start <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)
24.1.13	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Tocilizumab' answer this question:</i> When was tocilizumab stopped? <i>Field type:</i> Date <i>Variable name:</i> ICU_disch_toci_date_stop <i>Field required:</i> Required	<input type="text"/> (dd-mm-yyyy)

24.1.14	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Icatibant' answer this question:</i> When was icaltiban started? Field type: Date Variable name: ICU_disch_icaltiban_date_start Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.15	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Icatibant' answer this question:</i> When was icaltiban stopped? Field type: Date Variable name: ICU_disch_icaltiban_date_stop Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.16	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Lanadelumab' answer this question:</i> When was lanadelumab started? Field type: Date Variable name: ICU_disch_lanadelumab_date_start Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.17	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Lanadelumab' answer this question:</i> When was lanadelumab stopped? Field type: Date Variable name: ICU_disch_lanadelumab_date_stop Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.18	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Convalescent serum' answer this question:</i> When was treatment with convalescent serum started? Field type: Date Variable name: ICU_disch_conv_serum_date_start Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.19	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Convalescent serum' answer this question:</i> When was treatment with convalescent serum stopped? Field type: Date Variable name: ICU_disch_conv_serum_date_stop Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.20	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Other' answer this question:</i> When was the other treatment for COVID-19 started? Field type: Date Variable name: ICU_disch_other_treatment_date_start Field required: Required	<input type="text"/> (dd-mm-yyyy)
24.1.21	<i>If 'Please indicate whether the patient received any of the following treatments for COVID-19 during hospital stay' is equal to 'Other' answer this question:</i> When was the other treatment for COVID-19 stopped? Field type: Date Variable name: ICU_disch_other_treatment_date_stop Field required: Required	<input type="text"/> (dd-mm-yyyy)

25. 30-day evaluation - General information

Number	Question	Answers
25.1	When did the 30-day evaluation take place? Field type: Date Variable name: day_30_date Field required: Required	<input type="text"/> (dd-mm-yyyy)
25.2	Is the patient still alive? Field type: Radiobutton Variable name: day_30_alive Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
25.2.1	<i>If 'Is the patient still alive?' is equal to 'No' answer this question:</i> Date of death Field type: Date Variable name: day_30_death_date Field required: Required	<input type="text"/> (dd-mm-yyyy)
25.2.2	<i>If 'Is the patient still alive?' is equal to 'No' answer this question:</i> Was an autopsy performed? Field type: Radiobutton Variable name: day_30_obduction Field required: Required Option group name: Yes/No/Unknown	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

25.2.2.1	<p>If 'Was an autopsy performed?' is equal to 'Yes' answer this question: What was the result of the autopsy? Please include a copy of the autopsy report here, if available.</p> <p>Please specify whether diagnostic tests for fungal pathogens were performed and, if so, whether Aspergillus was found (then specify species, anatomical site where it was found and method employed)</p> <p><i>Field type:</i> Multiline Textfield <i>Variable name:</i> day_30_autopsy_result <i>Field required:</i> Required</p>	
25.2.3	<p>If 'Is the patient still alive?' is equal to 'Yes' answer this question: Is the patient still admitted to the ICU?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> day_30_ICU <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	
25.2.3.1	<p>If 'Is the patient still admitted to the ICU?' is not equal to 'Yes' answer this question: Is the patient still admitted to hospital?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> day_30_hospital <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
25.2.3.1.1	<p>If 'Is the patient still admitted to hospital?' is equal to 'No' answer this question: When was the patient discharged from hospital?</p> <p><i>Field type:</i> Date <i>Variable name:</i> day_30_hospital_disch <i>Field required:</i> Required</p>	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
25.2.3.2	<p>If 'Is the patient still admitted to the ICU?' is equal to 'No' answer this question: Did a new suspicion of invasive aspergillosis arise between ICU discharge and the 30-day evaluation time point?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> day_30_suspect_IA <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
<p>Please provide additional information on the new suspicion of invasive aspergillosis and its treatment in the "Suspicion of Invasive Aspergillosis", "Fungal microbiology" and "Antifungal treatment" sections</p>		
25.2.4	<p>If 'Is the patient still alive?' is equal to 'Yes' answer this question: Does the patient currently still receive antifungal treatment?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> day_30_antifungal <i>Field required:</i> Required <i>Option group name:</i> Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
25.2.4.1	<p>If 'Does the patient currently still receive antifungal treatment?' is equal to 'Yes' answer this question: Which antifungal treatment does the patient currently receive?</p> <p><i>Field type:</i> Radiobutton <i>Variable name:</i> day_30_antifungal_which <i>Field required:</i> Required <i>Option group name:</i> Antifungal drugs and combinations w/o N/A</p>	<input type="radio"/> Fluconazole <input type="radio"/> Itraconazole <input type="radio"/> Ketoconazole <input type="radio"/> Fosaconazole <input type="radio"/> Voriconazole <input type="radio"/> Anidulafungin <input type="radio"/> Caspofungin <input type="radio"/> Micafungin <input type="radio"/> Terbinafine <input type="radio"/> Amphotericin B desoxycholate <input type="radio"/> Amphotericin B in lipid complexes <input type="radio"/> Amphotericin B in liposomes <input type="radio"/> Voriconazole + anidulafungin <input type="radio"/> Voriconazole + caspofungin <input type="radio"/> Voriconazole + micafungin <input type="radio"/> Voriconazole + amphotericin B desoxycholate <input type="radio"/> Voriconazole + amphotericin B in lipid complexes <input type="radio"/> Voriconazole + amphotericin B in liposomes <input type="radio"/> Amphotericin B desoxycholate + anidulafungin <input type="radio"/> Amphotericin B desoxycholate + caspofungin <input type="radio"/> Amphotericin B desoxycholate + micafungin <input type="radio"/> Amphotericin B in lipid complexes + anidulafungin <input type="radio"/> Amphotericin B in lipid complexes + caspofungin <input type="radio"/> Amphotericin B in lipid complexes + micafungin <input type="radio"/> Amphotericin B in liposomes + anidulafungin <input type="radio"/> Amphotericin B in liposomes + caspofungin <input type="radio"/> Amphotericin B in liposomes + micafungin <input type="radio"/> Other antifungal drug <input type="radio"/> Other combination of antifungal drugs <input type="radio"/> Unknown antifungal drug <input type="radio"/> Unknown combination of antifungal drugs

25.2.4.2	<p><i>If 'Does the patient currently still receive antifungal treatment?' is equal to 'Yes' answer this question:</i> this question: Other antifungal drug(s) at day 30? Field type: Calculation Variable name: day_30_antifungal_other_yes_or_no Field required: Not required</p>	
25.2.4.2.1	<p><i>If 'Other antifungal drug(s) at day 30?' is equal to '1' answer this question:</i> What other antifungal drug or other combination of antifungal drugs does the patient currently still receive? Field type: Multiline Textfield Variable name: day_30_antifungal_other Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 40px;"></div>

Please provide additional data on consecutive antifungal treatment(s) after the initial treatment regimen in the "Antifungal treatment" section

26. 90-day evaluation - General information

Number	Question	Answers
26.1	<p>When did the 30-day evaluation take place? Field type: Date Variable name: day_90_date Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 20px;"></div> (dd-mm-yyyy)
26.2	<p>Is the patient still alive? Field type: Radiobutton Variable name: day_90_alive Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
26.2.1	<p><i>If 'Is the patient still alive?' is equal to 'No' answer this question:</i> Date of death Field type: Date Variable name: day_90_death_date Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 20px;"></div> (dd-mm-yyyy)
26.2.2	<p><i>If 'Is the patient still alive?' is equal to 'No' answer this question:</i> Was an autopsy performed? Field type: Radiobutton Variable name: day_90_obduction Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
26.2.2.1	<p><i>If 'Was an autopsy performed?' is equal to 'Yes' answer this question:</i> What was the result of the autopsy? Please include a copy of the autopsy report here, if available. Please specify whether diagnostic tests for fungal pathogens were performed and, if so, whether Aspergillus was found (then specify species, anatomical site where it was found and method employed) Field type: Multiline Textfield Variable name: day_90_autopsy_result Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 40px;"></div>
26.2.3	<p><i>If 'Is the patient still alive?' is equal to 'Yes' answer this question:</i> Is the patient still admitted to the ICU? Field type: Radiobutton Variable name: day_90_ICU Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
26.2.3.1	<p><i>If 'Is the patient still admitted to the ICU?' is not equal to 'Yes' answer this question:</i> Is the patient still admitted to hospital? Field type: Radiobutton Variable name: day_90_hospital Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
26.2.3.1.1	<p><i>If 'Is the patient still admitted to hospital?' is equal to 'No' answer this question:</i> When was the patient discharged from hospital? Field type: Date Variable name: day_90_hospital_disch Field required: Required</p>	<div style="border: 1px dashed black; width: 100px; height: 20px;"></div> (dd-mm-yyyy)
26.2.3.2	<p><i>If 'Is the patient still admitted to the ICU?' is equal to 'No' answer this question:</i> Did a new suspicion of invasive aspergillosis arise between ICU discharge and the 30-day evaluation time point? Field type: Radiobutton Variable name: day_90_suspect_IA Field required: Required Option group name: Yes/No/Unknown</p>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Please provide additional information on the new suspicion of invasive aspergillosis and its treatment in the "Suspicion of invasive Aspergillosis", "Fungal microbiology" and "Antifungal treatment" sections

26.2.4	<p><i>If 'Is the patient still alive?' is equal to 'Yes' answer this question:</i> Does the patient currently still receive antifungal treatment? Field type: Radiobutton Variable name: day_90_antifungal Field required: Required Option group name: Yes/No/Unknown</p>	<p><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown</p>
26.2.4.1	<p><i>If 'Does the patient currently still receive antifungal treatment?' is equal to 'Yes' answer this question:</i> Which antifungal treatment does the patient currently receive? Field type: Radiobutton Variable name: day_90_antifungal_which Field required: Required Option group name: Antifungal drugs and combinations w/o N/A</p>	<p><input type="radio"/> Fluconazole <input type="radio"/> Itraconazole <input type="radio"/> Ketoconazole <input type="radio"/> Posaconazole <input type="radio"/> Voriconazole <input type="radio"/> Anidulafungin <input type="radio"/> Caspofungin <input type="radio"/> Micafungin <input type="radio"/> Terbinafine <input type="radio"/> Amphotericin B desoxycholate <input type="radio"/> Amphotericin B in lipid complexes <input type="radio"/> Amphotericin B in liposomes <input type="radio"/> Voriconazole + anidulafungin <input type="radio"/> Voriconazole + caspofungin <input type="radio"/> Voriconazole + micafungin <input type="radio"/> Voriconazole + amphotericin B desoxycholate <input type="radio"/> Voriconazole + amphotericin B in lipid complexes <input type="radio"/> Voriconazole + amphotericin B in liposomes <input type="radio"/> Amphotericin B desoxycholate + anidulafungin <input type="radio"/> Amphotericin B desoxycholate + caspofungin <input type="radio"/> Amphotericin B desoxycholate + micafungin <input type="radio"/> Amphotericin B in lipid complexes + anidulafungin <input type="radio"/> Amphotericin B in lipid complexes + caspofungin <input type="radio"/> Amphotericin B in lipid complexes + micafungin <input type="radio"/> Amphotericin B in liposomes + anidulafungin <input type="radio"/> Amphotericin B in liposomes + caspofungin <input type="radio"/> Amphotericin B in liposomes + micafungin <input type="radio"/> Other antifungal drug <input type="radio"/> Other combination of antifungal drugs <input type="radio"/> Unknown antifungal drug <input type="radio"/> Unknown combination of antifungal drugs</p>
26.2.4.2	<p><i>If 'Does the patient currently still receive antifungal treatment?' is equal to 'Yes' answer this question:</i> Other antifungal drug(s) at day 90? Field type: Calculation Variable name: day_90_antifungal_other_yes_or_no Field required: Not required</p>	
26.2.4.2.1	<p><i>If 'Other antifungal drug(s) at day 90' is equal to '1' answer this question:</i> What other antifungal drug or other combination of antifungal drugs does the patient currently still receive? Field type: Multiline Textfield Variable name: day_90_antifungal_other Field required: Required</p>	<div style="border: 1px dashed black; width: 100%; height: 100%;"></div>

Please provide additional data on consecutive antifungal treatment(s) after the initial treatment regimen in the "Antifungal treatment" section

27. Fungal microbiology results - Culture results Aspergillus

Number	Question	Answers
27.1	<p>Aspergillus in culture (repeated measure) Field type: Repeated measures Variable name: Field required: Not required</p>	

28. Fungal microbiology results - Aspergillus PCR results

Number	Question	Answers
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28.1 Aspergillus PCR
Field type: Repeated measures
Variable name:
Field required: Not required

29. Fungal microbiology results - Galactomannan BAL

Number	Question	Answers
29.1	Galactomannan in BAL (repeated measure) <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	

30. Fungal microbiology results - Galactomannan serum

Number	Question	Answers
30.1	Galactomannan in serum <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	

31. Antifungal treatment - Antifungal treatment (changes to initial regimen)

Number	Question	Answers
31.1	Antifungal treatment (consecutive) <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	

32. Therapeutic drug monitoring - Therapeutic drug monitoring

Number	Question	Answers
	Please provide all consecutive therapeutic drug monitoring results below	
32.1	Therapeutic drug monitoring <i>Field type:</i> Repeated measures <i>Variable name:</i> <i>Field required:</i> Not required	