WIHS MEDICAL RECORD ABSTRACTION FORM — FORM M5
COCCIDIOIDOMYCOSIS — FORM VERSION 04/15/96

RECORD NUMBER: |__|__|__|__|__|__|

WIHS ID NUMBER: |__| - |__|__| - |__|__|__|__| -|__|

SEQUENCE

FORM # ____ OF _____

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

____ ____/____ ____/____ ____
M D Y

ABSTRACTOR'S INITIALS:

|____|____|____|

A1. Date of abstraction ____ ____/____ ____/____ ____
M D Y

SECTION B: LABS

B1. Positive culture for *Coccidiodes immitis*?

Yes..... 1 **(END & Complete Form CA5)**
No 2

B2. Positive stain or tissue or body fluid sample showing spherules consistent with *Coccidiodes immitis?*

Yes..... 1 **(Complete Form CA4)**
No ..... 2 **(END)**

B3. Are lab results serum complement fixing antibody titer to *Coccidiodes immitis* reported?

Yes..... 1
No ..... 2 **(END)**

B4. Results of serum complement fixing antibody titer to *Coccidiodes immitis*:

1: |___| |___| |___| |___| **(IF LESS THAN 1:0008 THEN END)**

SECTION C: CLINICAL

C1. Clinical syndrome compatible with coccidiodomycosis (i.e. symptoms of pneumonia, meningitis)?

YES 1
NO 2