

**WIHS MEDICAL RECORD ABSTRACTION FORM  
CRYPTOCOCCUS-MENINGITIS/DISSEMINATED**

**FORM M6  
FORM VERSION 07/01/96**

RECORD NUMBER:

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WIHS ID NUMBER:

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SEQUENCE

FORM # \_\_\_\_ OF \_\_\_\_

DATE OF HOSPITAL ADMISSION OR OFFICE VISIT:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

ABTRACTOR'S INITIALS:

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A1. Date of abstraction

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**SECTION B: LABS**

B1. Positive culture for Cryptococcus neoformans?

Yes .....1 (END & complete Form CA5)  
No.....2

B2. Positive cytology or pathology for Cryptococcus neoformans?

Yes .....1 (END & complete Form CA4)  
No.....2

B3. Positive india ink in CSF?

Yes .....1  
No.....2 (B4)

B3a. Date specimen obtained:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

B4. Positive CSF cryptococcal antigen?

Yes .....1  
No.....2 (B5)

B4a. Titer 1: |\_\_| |\_\_| |\_\_| |\_\_|

B4b. Date specimen obtained:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

B5. Positive serum cryptococcal antigen ( $\geq 1:8$ )?

Yes .....1  
No.....2 (C1)

B5a. Titer 1: |\_|\_| |\_|\_| |\_|\_| |\_|\_|

B5b. Date specimen obtained:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

**PROMPT: IF B3 = '1' and B4 = '1', THEN END or  
IF B3 = '1' and B5 = '1', THEN END**

**SECTION C: CLINICAL SYMPTOMS**

C1. Compatible clinical syndrome for cryptococcosis?

Yes .....1  
No.....2