

**WIHS MEDICAL RECORD ABSTRACTION FORM
HISTOPLASMOSIS**

**FORM M10
FORM VERSION 04/15/96**

RECORD NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>	WIHS ID NUMBER: <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>	SEQUENCE FORM # ____ OF ____
DATE OF HOSPITAL ADMISSION OR OFFICE VISIT: ____/____/____ M D Y	ABSTRACTOR'S INITIALS: _ _ _ _	

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

**PROMPT: IF CULTURE OBTAINED, COMPLETE FORM CA5
IF BIOPSY OBTAINED, COMPLETE FORM CA4**

SECTION B: DEFINITIVE DIAGNOSIS

	<u>YES</u>	<u>NO</u>
B1. Positive culture for <i>H. (Histoplasma) capsulatum</i> ?.....	1 (END)	2
B2. Positive histopathology (stain of <i>H. capsulatum</i>) in tissue biopsy or buffy coat smear?.....	1 (END)	2

SECTION C: PROBABLE DIAGNOSIS

C1. Detection of <i>H. capsulatum</i> antigen (Ag) obtained directly from the body (eg. urine, CSF, blood)?.....	1	2 (END)
C2. Clinical syndrome compatible with Histoplasmosis documented in progress notes which includes any of the following:	1	2
<ul style="list-style-type: none"> · Respiratory symptoms (cough or shortness of breath) · CNS findings/symptoms (meningitis, encephalopathy, focal parenchymal lesions) · Dermatologic findings (follicular, pustular, maculopapular or erythematous lesions) · Constitutional Symptoms (weight loss, fever of unknown origin [FUO]) · Septicemia syndrome (hypotension, respiratory insufficiency, renal/hepatic failure, DIC [disseminated intravascular coagulopathy]) 		