

**Survey on Allergic bronchopulmonary aspergillosis**

Voluntary reporting form to Hong Kong Thoracic Society / American College of Chest Physicians (Hong Kong & Macau Chapter)

Name of informant: \_\_\_\_\_

Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email: \_\_\_\_\_

Correspondence address: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

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**Patients particulars:**

Name (initials only): \_\_\_\_\_ (initial of family name first) Sex: M / F

Date of birth (dd / mm / yyyy): \_\_\_\_\_

Your reference no.: \_\_\_\_\_

Ethnic group: Chinese/ non-Chinese: \_\_\_\_\_

Occupation: \_\_\_\_\_

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**Date of diagnosis:** \_\_\_\_\_

**Diagnostic criteria**

|   | Yes                      | No                       | NA                       |
|---|--------------------------|--------------------------|--------------------------|
| • Asthma  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Immediate skin test reactivity to A. fumigatus antigens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Precipitating serum antibodies to A. fumigatus          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevated serum total IgE concentration                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Peripheral blood eosinophilia                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Lung infiltrates  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Proximal bronchiectasis                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Elevated specific serum IgE and IgG to A. fumigatus     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Positive sputum culture of A. fumigatus                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • History of expectoration of golden-brown plugs          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Late (arthus-type) skin reactivity to A. fumigatus      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other _____   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(  Please tick as appropriate ; NA = Not available )

**\*\*\* The end \*\*\***

**THANK YOU**

This survey is done by Dr. P.Y.Tse on behalf of Hong Kong Thoracic Society and American College of Chest Physicians (Hong Kong & Macau Chapter). The information collected will be for survey only. Personal data of the patient will be kept strictly confidential. Your cooperation in this survey is very much appreciated. Please return the completed form to Dr. P.Y.Tse (Correspondence address: Department of Medicine Tseung Kwan O Hospital . Tel: 22080111 Fax: 22744271)

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