

# MRRB BIOPSY PROCEDURE FORM

Instruction: Where check boxes  are provided, check (✓) one or more boxes. Where radio buttons  are provided, check (✓) one box only.

Office use:		
Centre:		

Centre Name: \_\_\_\_\_

## PATIENT PARTICULARS

Name : \_\_\_\_\_ RN : \_\_\_\_\_

Identification Card Number :	MyKad / MyKid: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	Old IC: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
	Other document No: <input style="width: 100px;" type="text"/>	Specify type (eg. passport, armed force ID): <input style="width: 100px;" type="text"/>

## SECTION 1 : BIOPSY DATA

1. Date Biopsy (dd/mm/yy): \*  /  /  -  -

2.  Risk Factors (for Biopsy failure) (Check where applicable)

<input type="checkbox"/> a. Previously failed biopsy	<input type="checkbox"/> b. Small kidney (< 9 cm)	<input type="checkbox"/> c. Coagulopathic state	<input type="checkbox"/> d. On dialysis
<input type="checkbox"/> e. Obesity (BMI > 30)	<input type="checkbox"/> f. Uncooperative patient	<input type="checkbox"/> g. On anti-coagulation	<input type="checkbox"/> h. Unusual site & position of kidney

3. Kidney Size On Ultrasound (cm):

<b>(Right)</b>	<input style="width: 40px;" type="text"/>	<b>(cm)</b>	<b>(Left)</b>	<input style="width: 40px;" type="text"/>	<b>(cm)</b>	<b>(Graft)</b>	<input style="width: 40px;" type="text"/>	<b>(cm)</b>
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4. Biopsy Type: \*  Percutaneous Biopsy  Open Biopsy  Transvenous Biopsy

### 5. Biopsy Procedure Data (\* Applicable for Percutaneous Biopsy only)

	First Doctor	Second Doctor
<b>ai. Category of doctor performed:</b> *	<input type="radio"/> Nephrologist <input type="radio"/> Other, specify: _____	<input type="radio"/> Nephrologist <input type="radio"/> Other, specify: _____
<b>aii. Name of doctor Performed:</b> *	<input type="radio"/> Nephrology Trainee <input type="radio"/> Physician <input type="radio"/> Intervention radiologist	<input type="radio"/> Nephrology Trainee <input type="radio"/> Physician <input type="radio"/> Intervention radiologist
<small>(You may choose not to provide name. Please tick 'Name not disclosed' check box. For trainee it is compulsory)</small>	<input type="checkbox"/> Name not disclosed	<input type="checkbox"/> Name not disclosed
<b>b. Biopsy Technique:</b> *	i. Ultrasound biopsy: <input type="radio"/> Yes → <input type="radio"/> Realtime guided <input type="radio"/> No <input type="radio"/> Not realtime guided	i. Ultrasound biopsy: <input type="radio"/> Yes → <input type="radio"/> Realtime guided <input type="radio"/> No <input type="radio"/> Not realtime guided
	ii. Plug biopsy: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available	ii. Plug biopsy: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available
<b>c. Biopsy Instrument:</b> *	<input type="radio"/> Biopsy gun <input type="radio"/> Trucut <input type="radio"/> Spring loaded biopsy needle	<input type="radio"/> Biopsy gun <input type="radio"/> Trucut <input type="radio"/> Spring loaded biopsy needle
<b>d. Needle Size:</b> *	<input type="radio"/> 14G <input type="radio"/> 16G <input type="radio"/> 18G	<input type="radio"/> 14G <input type="radio"/> 16G <input type="radio"/> 18G
<b>e. Direction Of Biopsy Needle:</b> *	<input type="radio"/> Perpendicular to kidney (Perpendicular) <input type="radio"/> Diagonally away from kidney (Cephalic) <input type="radio"/> Diagonally towards the kidney (Caudal)	<input type="radio"/> Perpendicular to kidney (Perpendicular) <input type="radio"/> Diagonally away from kidney (Cephalic) <input type="radio"/> Diagonally towards the kidney (Caudal)
<b>f. Number Of Passes:</b> *	<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"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6
<b>g. Core Obtained:</b> *	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not available
<b>h. Procedure Outcome :</b> *	<input type="radio"/> Successful <input type="radio"/> Failed → <input type="radio"/> Terminated <input type="radio"/> Refer 2nd Doctor	<input type="radio"/> Successful <input type="radio"/> Failed

### 6. Complications (Check where applicable)

<input type="radio"/> Yes →	a. <input type="checkbox"/> Bleeding → <input type="checkbox"/> Gross haematuria <input type="checkbox"/> Haematoma	c. <input type="checkbox"/> Infection	e. <input type="checkbox"/> Hypotension
<input type="radio"/> No	b. <input type="checkbox"/> Perirenal collection	d. <input type="checkbox"/> AVM	e. <input type="checkbox"/> Others : _____

### 7. Intervention Required

<input type="radio"/> Yes →	<b>a. Blood Transfusion</b>	<b>b. Surgery</b>	<b>c. Radiology</b>
<input type="radio"/> No	<input type="radio"/> Yes → No. of pints transfused _____ <input type="radio"/> No Lowest haemoglobin (g/dL) _____	<input type="radio"/> Yes → <input type="checkbox"/> Nephrectomy <input type="radio"/> No <input type="checkbox"/> Others, specify _____	<input type="radio"/> Yes → <input type="checkbox"/> Embolisation <input type="radio"/> No <input type="checkbox"/> Drainage <input type="checkbox"/> Others, specify _____