

MRRB FOLLOW UP STUDY (GRAFT KIDNEY BIOPSY)

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 type="text"/> - <input type="text"/> - <input type="text"/>	Old IC: <input type="text"/>	
	Other document No: <input type="text"/>	Specify type (eg.passport, armed force ID): <input type="text"/>	

* Date of Notification(dd/mm/yyyy):

* Data Year:

1. Date of last * encounter:				
2. Date of biopsy:	*a. Date 1st Biopsy::			
	b.Date 2nd Biopsy:			
	c. Date 3rd Biopsy:			
3. Demographics:	a. Weight:	(for paed)		
	b. Height:	(for paed)		
4. Laboratory results:				
*4a. Urine:	a. Urine RBC:	<input type="radio"/> Yes → i. Urine dipstick <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> No ii. Urine microscopy <input type="radio"/> 20-50 cells/ul <input type="radio"/> >50 cells/ul <input type="radio"/> Not available		
	b. Urine Protein:	<input type="radio"/> Yes → Scale : <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> 4+ <input type="radio"/> No <input type="radio"/> Not available		
	c. 24 hrs Urine Protein, (g/day)	<input type="checkbox"/> Not available		
	d. Urine PCI/PCR	<input type="text"/> <input type="radio"/> mg/mg <input type="radio"/> mg/g <input type="radio"/> mg/mmol <input type="radio"/> g/mmol <input type="checkbox"/> Autocalc mg/mmol	<input type="checkbox"/> Not available	
	e. Urine ACR	<input type="text"/> <input type="radio"/> mg/mg <input type="radio"/> mg/g <input type="radio"/> mg/mmol <input type="radio"/> g/mmol <input type="checkbox"/> Autocalc mg/mmol	<input type="checkbox"/> Not available	
5. Biochemistry:				
a. Albumin	<input type="text"/>	<input type="radio"/> g/L <input type="radio"/> g/dL	<input type="checkbox"/> Not available	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="checkbox"/> Autocalc	g/L		<input type="text"/> / <input type="text"/> / <input type="text"/>
b. Creatinine <small>(If on dialysis give pre dialysis result) *</small>	<input type="text"/>	<input type="radio"/> umol/L <input type="radio"/> mg/dL	<input type="checkbox"/> Not available	<input type="text"/> / <input type="text"/> / <input type="text"/>
	<input type="checkbox"/> Autocalc	umol/L		<input type="text"/> / <input type="text"/> / <input type="text"/>
c. CMV PCR	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
d. BKV PCR	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> / <input type="text"/> / <input type="text"/>
e. Others				<input type="text"/> / <input type="text"/> / <input type="text"/>
f. eGFR	<input type="checkbox"/> Autocalc			
g. CKD Grade	<input type="checkbox"/> Autocalc			

6. Medications or * treatments prescribed (for the present year)

Immunosuppressive Drugs

a. Corticosteroids
 Yes No

b. Calcineurin inhibitors
 Yes → Cyclosporin
 No Tacrolimus

c. Anti-metabolites
 Yes Mycophenolate mofetil(MMF)
 ↓ Mycophenolic sodium
 No Azathioprine

d. mTOR inhibitors
 Yes → Everolimus
 No Sirolimus

e. Other treatments
 IV methylprednisolone
 Plasma exchange
 IV Immunoglobulins
 Valganciclovir or Ganciclovir
 Thymoglobulin
 Rituximab
 Others

f. Other, specify

7. Graft and * Patient Outcome

a. Functioning graft
i. Date (dd/mm/yyyy): --

b. ESKD/graft failure
i. Date (dd/mm/yyyy): --
ii. Graft number: (Renal transplant done)

c. Moved To Another Centre
i. Date of last follow-up:
ii. Name of new centre :

d. Lost To Follow-Up
i. Date of last follow-up:
ii. Specify reason for dropping out, if any :

e. Death
i. Date of death:
ii. Cause of Death (Check where applicable)
 Unknown
 Cardiovascular disease; eg. Ischaemic heart disease, cerebrovascular accident, pulmonary embolus etc
 Died suddenly at home; death not certified in hospital
 Infection, any type or site.
 Gastrointestinal haemorrhage
 Cancer
 Liver disease
 Patient refused further treatment; specify reason:
 Accidental death, specify
 Cause of death related to ESKD
 Other cause of death, specify

Specify details