

MRRB FOLLOW UP STUDY (NATIVE KIDNEY BIOPSY)

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

Centre Name: _____

Office use:		
Centre:		

PATIENT PARTICULARS

Name : _____ RN : _____

Identification Card Number : *MyKad / MyKid:* - - *Old IC:*

Other document No: *Specify type (eg.passport, armed force ID):*

* 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 → <input type="radio"/> No <input type="radio"/> Not available	i. Urine dipstick <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ ii. Urine microscopy <input type="radio"/> 20-50 cells/ul <input type="radio"/> >50 cells/ul	
	b.Urine Protein:	<input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> Not available	i. Scale : <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> 4+	
	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="text"/> 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="text"/> 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"/> Autocalc <input type="checkbox"/> Not available	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		
b. Creatinine (If on dialysis give pre dialysis result) *	<input type="text"/> <input type="radio"/> umol/L <input type="radio"/> mg/dL <input type="checkbox"/> Autocalc <input type="checkbox"/> Not available	Date <input type="text"/> <input type="text"/> / <input type="text"/> <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	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done	Date <input type="text"/> <input type="text"/> / <input type="text"/> <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	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
	Level:	<input type="text"/> IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	
e. Others			Date <input type="text"/> <input type="text"/> / <input type="text"/> <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)	a. ACEi/ ARB	<input type="radio"/> Yes <input type="radio"/> No		
	b. SGLT2i	<input type="radio"/> Yes <input type="radio"/> No		
	c. Corticosteroids	<input type="radio"/> Yes <input type="radio"/> No		
	d. Cyclophosphamide	i. Oral	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
		ii. Intravenous	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
		Cumulative dose: grams		
	e. Calcineurin Inhibitor	i. Cyclosporin	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
		ii. Tacrolimus	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
	f. Mycophenolate acid	i. Mycophenolate mofetil	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
		i. Mycophenolate sodium	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/> No
	g. Azathioprine	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="radio"/> No
	h. Levamisole	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="radio"/> No
	i. Rituximab	<input type="radio"/> Yes <input type="checkbox"/> a. On-going <input type="checkbox"/> b. Start date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> c. End date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="radio"/> No
j. Plasma exchange	<input type="radio"/> Yes	<input type="radio"/> No		
k. Others, specify:				

7. Treatment * outcome:	a. Remission *Refer table below for definition	<input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Not in remission	i. Date: <input type="text"/> - <input type="text"/> - <input type="text"/> ii. Date: <input type="text"/> - <input type="text"/> - <input type="text"/>		
	Definition Complete remission: •Reduction in proteinuria <0.5g/day (UPCR <0.5g/g or <50mg/mmol) •Stabilization or improvement in kidney function Partial remission: •Reduction in proteinuria by at least 50% than baseline, and to <3g/day (UPCR <3g/g or 300mg/mmol) •Stabilization or improvement in kidney function				
	b. Response to steroids (for MCD / primary FSGS)	<input type="radio"/> Steroid sensitive <input type="radio"/> i. Steroid dependent <input type="radio"/> ii. Frequently relapsing <input type="radio"/> Steroid resistant <input type="radio"/> No response <input type="radio"/> Not applicable			
c. Relapse	<input type="radio"/> Yes <input type="radio"/> No i. Date of relapse: 1st relapse: <input type="text"/> - <input type="text"/> - <input type="text"/> 2nd relapse: <input type="text"/> - <input type="text"/> - <input type="text"/> 3rd relapse: <input type="text"/> - <input type="text"/> - <input type="text"/> ii. Number of relapse:				
8. Patient * Outcome	<input type="radio"/> a. ESKD	i. Date (dd/mm/yyyy): <input type="text"/> - <input type="text"/> - <input type="text"/>			
	<input type="radio"/> b. Moved To Another Centre	i. Date of last follow-up: <input type="text"/> ii. Name of new centre :			
	<input type="radio"/> c. Lost To Follow-Up	i. Date of last follow up: <input type="text"/> ii. Specify reason for dropping out, if any : <input type="text"/>			
	<input type="radio"/> d. Death	i. Date of death: <input type="text"/> ii. Cause of death: (Check where applicable) <input type="radio"/> Unknown <input type="radio"/> Cardiovascular disease; eg. Ischaemic heart disease, cerebrovascular accident, pulmonary embolus etc <input type="radio"/> Died suddenly at home; death not certified in hospital <input type="radio"/> Infection, any type or site. <input type="radio"/> Gastrointestinal haemorrhage <input type="radio"/> Cancer <input type="radio"/> Liver disease <input type="radio"/> Patient refused further treatment; specify reason: <input type="radio"/> Accidental death, specify <input type="radio"/> Cause of death related to ESKD <input type="radio"/> Other cause of death, specify			
		<table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Specify details</td> </tr> <tr> <td style="height: 100px;"></td> </tr> </table>		Specify details	
Specify details					