

MRRB NOTIFICATION FORM (GRAFT KIDNEY BIOPSY)

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

Office use: /
Centre:

*A. Centre Name:

*B. Date of Notification (dd/mm/yyyy) - -

*C. Type of Biopsy : **Graft kidney biopsy**

D.i) GFR: (Auto)

D.ii) CKD Grade: (Auto)

SECTION 1 : PATIENT PARTICULARS

*1. Patient Name : Hj/Hjh/Dato'/Dr 2. RN:

*3. Identification Card Number : MyKad / MyKid: - - Old IC:
Other document No: Specify type (eg.passport, armed force ID):

*4. Date of Birth (dd/mm/yy): - - *5. Gender: Male Female

*6. Ethnic Group: Malay Chinese Indian
 Other M'sian, specify : Foreigner, specify :

SECTION 2 : CLINICAL DATA AT PRESENTATION TO NEPHROLOGIST

1. Date : (dd/mm/yy) (If exact date not known, pls estimate date) NA
a. Date of ESKD: - - b. Date of Transplant: - - *

2. Indications for biopsy: (Tick where applicable)

a. *Urine abnormalities Yes No

- Isolated hematuria
- Hematuria and proteinuria
- Isolated proteinuria
- Nephrotic range proteinuria
- Gross hematuria

b. * Graft function

- Stable
- Acute deterioration of graft function
- Gradual deterioration of graft function
- Delayed graft function immediate post transplant

c. Other

- Inconclusive previous biopsy
- Inadequate response to treatment
- Evaluate response to treatment
- Protocol biopsy
- Surveillance
- Others, specify:

3. Primary Disease of ESKD

- Biopsy proven glomerulonephritis, specify :
- Likely Glomerulonephritis, not biopsy proven
- Drugs / toxic nephropathy
- Diabetes Mellitus
- Hypertension
- Hereditary nephritis, specify
- Unknown
- ADPKD
- CAKUT
- Others, specify

4. Prior to Biopsy:

a. Weight (kg): Not taken

b. Height (cm): Not taken

c. Dialysis required : Yes No

5. Medication at Biopsy *

i. Immunosuppressive Drugs

a. Corticosteroids Yes No

b. Calcineurin inhibitors Yes No
 Cyclosporin Tacrolimus

c. Anti-metabolites Yes No
 Mycophenolate mofetil Mycophenolic sodium Azathioprine

d. mTOR inhibitors Yes No
 Everolimus Sirolimus

ii. Induction therapy (if biopsy is done within 6 months of transplant)

- IV methylprednisolone
- Basiliximab
- Thymoglobulin
- Rituximab
- Others, specify:

SECTION 3 : LAB DATA

1. Haematology:	Unit	Value
a. Hb	g/dL	<input type="checkbox"/> Not available
b. TWC	$10^9/L$	<input type="checkbox"/> Not available
c. Platelet	$10^9/L$	<input type="checkbox"/> Not available

2. Urine:	
a. Urine RBC:	<input type="radio"/> Yes → <input type="radio"/> <u>Urine dipstick</u> <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> Not available <input type="radio"/> <u>Urine microscopy</u> <input type="radio"/> 20-50 cells/ul <input type="radio"/> >50 cells/ul <input type="radio"/> No
b. Urine Protein:	<input type="radio"/> Yes → <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 style="background-color: #cccccc;" 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 style="background-color: #cccccc;" type="text"/> mg/mmol <input type="checkbox"/> Not available

3. Biochemistry:				Date
a. Albumin	<input type="text"/> Autocalc	<input type="radio"/> g/L <input type="radio"/> g/dL	<input type="checkbox"/> Not available	<input type="text"/> / <input type="text"/> / <input type="text"/>
b. Creatinine <small>(If on dialysis give pre dialysis result) *</small>	<input type="text"/> Autocalc	<input type="radio"/> umol/L <input type="radio"/> mg/dL <input type="radio"/> mg/mmol	<input type="checkbox"/> Not available	<input type="text"/> / <input type="text"/> / <input type="text"/>
c. CMV PCR	Level:	IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> , <input type="text"/> , <input type="text"/>
	Level:	IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> , <input type="text"/> , <input type="text"/>
	Level:	IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> , <input type="text"/> , <input type="text"/>
d. BKV PCR	Level:	IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> , <input type="text"/> , <input type="text"/>
	Level:	IU/ml <input type="radio"/> Undetectable <input type="radio"/> Not done		<input type="text"/> , <input type="text"/> , <input type="text"/>
	Level:	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	Autocalc			
g. CKD Grade	Autocalc			

SECTION 4 : HPE DATA

*1a. Date Biopsy (dd/mm/yy): <input type="text"/> - <input type="text"/> - <input type="text"/>	1b. Is this the first allograft biopsy? <input type="radio"/> No → Biopsy Count: <input type="text"/> <input type="radio"/> Yes																				
2a. Biopsy specimen sent to:	Name of Histopathology Lab: <input style="width:100%;" type="text"/>																				
2b. Biopsy read by :	Histopathologist Name : <input style="width:100%;" type="text"/>																				
2c. HPE Report Number:	<input style="width:100%;" type="text"/> / <input style="width:100%;" type="text"/>																				
3. Biopsy Report(Hispathology Examination, HPE)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a) Total Number of glomeruli reported:</td> <td style="width:50%; text-align: right;"><i>[If report shown 'no glom' please enter as '0']</i></td> </tr> <tr> <td style="vertical-align: top;"> b) Immunofluorescence/ Immunohistochemistry <input type="radio"/> Yes → <input type="radio"/> No → </td> <td> <table style="width:100%;"> <tr> <td><input type="checkbox"/> IgG</td> <td><input type="checkbox"/> IgA</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> C3</td> </tr> <tr> <td><input type="checkbox"/> C1q</td> <td><input type="checkbox"/> Kappa</td> <td><input type="checkbox"/> PLA2R</td> <td><input type="checkbox"/> C4d</td> </tr> <tr> <td><input type="checkbox"/> Lambda</td> <td><input type="checkbox"/> Negative</td> <td colspan="2"></td> </tr> </table> <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli Remark: <input style="width:100%;" type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> c) Additional staining </td> <td> <input type="radio"/> Congo red <input type="radio"/> Others, specify <input style="width:100%;" type="text"/> </td> </tr> <tr> <td style="vertical-align: top;"> d) Electronmicroscopy </td> <td> <input type="radio"/> Yes <input type="radio"/> No </td> </tr> </table>	a) Total Number of glomeruli reported:	<i>[If report shown 'no glom' please enter as '0']</i>	b) Immunofluorescence/ Immunohistochemistry <input type="radio"/> Yes → <input type="radio"/> No →	<table style="width:100%;"> <tr> <td><input type="checkbox"/> IgG</td> <td><input type="checkbox"/> IgA</td> <td><input type="checkbox"/> IgM</td> <td><input type="checkbox"/> C3</td> </tr> <tr> <td><input type="checkbox"/> C1q</td> <td><input type="checkbox"/> Kappa</td> <td><input type="checkbox"/> PLA2R</td> <td><input type="checkbox"/> C4d</td> </tr> <tr> <td><input type="checkbox"/> Lambda</td> <td><input type="checkbox"/> Negative</td> <td colspan="2"></td> </tr> </table> <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli Remark: <input style="width:100%;" type="text"/>	<input type="checkbox"/> IgG	<input type="checkbox"/> IgA	<input type="checkbox"/> IgM	<input type="checkbox"/> C3	<input type="checkbox"/> C1q	<input type="checkbox"/> Kappa	<input type="checkbox"/> PLA2R	<input type="checkbox"/> C4d	<input type="checkbox"/> Lambda	<input type="checkbox"/> Negative			c) Additional staining	<input type="radio"/> Congo red <input type="radio"/> Others, specify <input style="width:100%;" type="text"/>	d) Electronmicroscopy	<input type="radio"/> Yes <input type="radio"/> No
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Acute TCMR <input type="radio"/> Type IA <input type="radio"/> Type III <input type="radio"/> Type IB <input type="radio"/> Type IIA <input type="radio"/> Type IIB </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="radio"/> 2. Chronic active TCMR <input type="radio"/> Grade IA <input type="radio"/> Grade IB <input type="radio"/> Grade II </div> </td> </tr> <tr> <td></td> <td style="vertical-align: top;"> <input type="checkbox"/> e. Other non-rejection changes <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> 1. Acute Tubular necrosis <input type="checkbox"/> 2. Interstitial fibrosis and tubular atrophy <input type="checkbox"/> 3. Infective: <input type="radio"/> BK Polyoma Virus nephropathy <input type="radio"/> CMV nephritis <input type="radio"/> Concomitant BKV CMV nephritis <input type="radio"/> Bacterial pyelonephritis </div> <input type="checkbox"/> 4. 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SECTION 4 : HPE DATA (continued)

6. Banff lesion score:

Total:

		<input type="radio"/> Not Available	<input checked="" type="radio"/> Yes				
Banff lesion score	Abbr	0	1	2	3		
6a. Interstitial inflammation	i	<input type="radio"/> <10%	<input type="radio"/> 10-25%	<input type="radio"/> 26-50%	<input type="radio"/> >50		
6b. Tubulitis	t	<input type="radio"/> None	<input type="radio"/> 1-4/tubular cross section or 10 tubular epithelial cells	<input type="radio"/> 5-10	<input type="radio"/> >10 or foci of tubular basement membrane destruction with i≥2 and t2 elsewhere		
6c. Intimal arteritis	v	<input type="radio"/> None	<input type="radio"/> <25% luminal area lost	<input type="radio"/> ≥25% luminal area	<input type="radio"/> Transmural and/or fibrinoid change and medial smooth muscle necrosis		
6d. Glomerulitis	g	<input type="radio"/> None	<input type="radio"/> <25%	<input type="radio"/> 25-75%	<input type="radio"/> >75%		
6e. Peritubular capillaritis	ptc	<input type="radio"/> <3 leukocytes /PTC	<input type="radio"/> ≥1 leukocyte in ≥ 10% of PTCs with max. of 3-4/PTC	<input type="radio"/> ≥1 leukocyte in ≥ 10% of PTCs with max. of 5-10/PTC	<input type="radio"/> ≥1 leukocyte in ≥ 10% of PTCs with max. of >10/PTC		
6f. C4d	C4d	<input type="radio"/> None	<input type="radio"/> <10%	<input type="radio"/> 10-50%	<input type="radio"/> >50%		
6g. Interstitial fibrosis	ci	<input type="radio"/> ≤5%	<input type="radio"/> 6-25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6h. Tubular atrophy	ct	<input type="radio"/> None	<input type="radio"/> ≤25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6i. Vascular fibrous Intimal thickening	cv	<input type="radio"/> None	<input type="radio"/> ≤25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6j. GBM double contours	cg	<input type="radio"/> None	<input type="radio"/> 1a: only by EM 1b: ≤25% by LM	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6k. Mesangial matrix expansion	mm	<input type="radio"/> None	<input type="radio"/> ≤25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6l. Arteriolar hyalinosis	ah	<input type="radio"/> None	<input type="radio"/> Mild to moderate	<input type="radio"/> Mild to severe in >1	<input type="radio"/> Severe in many		
6m. Hyaline arteriolar thickening	aah	<input type="radio"/> None	<input type="radio"/> 1 without circumferential	<input type="radio"/> ≥1 without circumferential	<input type="radio"/> circumferential		
6n. Total inflammation	ti	<input type="radio"/> <10%	<input type="radio"/> 10-25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		
6o. Inflammation in the area of IFTA	i-IFTA	<input type="radio"/> <10%	<input type="radio"/> 10-25%	<input type="radio"/> 26-50%	<input type="radio"/> >50%		