

MRRB NOTIFICATION FORM (NATIVE 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/yy):** - -

***C. Type of Biopsy (Auto):** Native kidney biopsy

D.i) eGFR: (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: <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"/>
*4. Date of Birth (dd/mm/yy): <input type="text"/> - <input type="text"/> - <input type="text"/>	*5. Gender: <input type="radio"/> Male <input type="radio"/> Female
*6. Ethnic Group:	<input type="radio"/> Malay <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Other M'sian, specify : _____ <input type="radio"/> Foreigner, specify : _____

SECTION 2 : CLINICAL DATA AT PRESENTATION TO NEPHROLOGIST

*1. Date : (dd/mm/yy) <i>(If exact date not known, pls estimate date)</i>	(Compulsory for first notification) a. At presentation to a doctor: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Not available <i>(Doctor refer case to nephrologist)</i>	b. Seen by first Nephrologist: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> Not available
* 2a. Indication for biopsy:	<input type="radio"/> Asymptomatic urine abnormalities <input type="radio"/> Asymptomatic hematuria <input type="radio"/> Asymptomatic hematuria and proteinuria <input type="radio"/> Asymptomatic proteinuria <input type="radio"/> Nephritic syndrome <input type="radio"/> Nephrotic syndrome <input type="radio"/> Nephritic - Nephrotic syndrome <input type="radio"/> Not available <input type="radio"/> Raised serum creatinine <input type="radio"/> Rapidly progressing glomerulonephritis	
* 2b. Renal function	<input type="radio"/> Impaired → <input type="radio"/> Acute <input type="radio"/> Chronic <input type="radio"/> Not available <input type="radio"/> Normal	
2c. Other clinical presentation:	<input type="radio"/> a. Gross hematuria <input type="radio"/> b. Pulmonary haemorrhage <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not available <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not available	
2d. Concomitant medical morbidities/ conditions:	<input type="checkbox"/> a. Diabetes mellitus <input type="checkbox"/> f. Pregnancy <input type="checkbox"/> i. Cancer <input type="checkbox"/> Retinopathy <input type="checkbox"/> g. Rheumatological diseases, specify: _____ <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not available <input type="checkbox"/> h. Lymphoproliferative disorder <input type="checkbox"/> b. Hypertension <input type="checkbox"/> c. Dyslipidaemia <input type="checkbox"/> e. Liver disease	
2e. Current Medication	<input type="checkbox"/> a. ACE Inhibitor <input type="checkbox"/> b. ARB <input type="checkbox"/> c. SGLT2i	
3. Family History of Glomerulonephritis	<input type="radio"/> Yes → <input type="radio"/> Biopsy proven, specify : _____ <input type="radio"/> Not biopsy proven <input type="radio"/> Genetic testing <input type="radio"/> No	
4. Prior to Biopsy:	a. Weight (kg): <input type="text"/> <input type="checkbox"/> Not taken	c. Dialysis required : <input type="radio"/> Yes <input type="radio"/> No
	b. Height (cm): <input type="text"/> <input type="checkbox"/> Not taken	

SECTION 3 : FOR SLE ONLY

1. SLE	<input type="checkbox"/> Check if Yes ↓					
1.1 SLE Clinical domain	<input type="checkbox"/> a. Constitutional		<input type="checkbox"/> d. Mucocutaneous		<input type="checkbox"/> e. Serosal	
	<input type="checkbox"/> b. Haematologic		<input type="checkbox"/> i. Malar rash <input type="checkbox"/> ii. Discoid rash		<input type="checkbox"/> f. Musculoskeletal (arthritis)	
	<input type="checkbox"/> c. Neuropsychiatric		<input type="checkbox"/> iii. Photosensitivity <input type="checkbox"/> iv. Oral ulcers		<input type="checkbox"/> g. Renal	
1.2 SLE Immunological domain	Positive	Negative	Not Available	Positive	Negative	Not Available
a) ANA if positive ↳ titre: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	f) Nucleosome	<input type="radio"/>	<input type="radio"/>
b) dsDNA if positive ↳ titre: _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	g) Ro (SSa)	<input type="radio"/>	<input type="radio"/>
c) ssDNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	h) La (SSb)	<input type="radio"/>	<input type="radio"/>
d) Anti-phospholipid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	i) Sm	<input type="radio"/>	<input type="radio"/>
i) Anti-cardiolipin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	j) Ribosomal P	<input type="radio"/>	<input type="radio"/>
ii) Anti-β2 GP1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> k) Others,specify: _____		
iii) Lupus anticoagulant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
e) Histone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

SECTION 4 : LAB DATA

1. Haematology:	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: <small>*</small>	a. Urine RBC:		<input type="radio"/> Yes → <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> 20-50 cells/ul <input type="radio"/> >50 cells/ul 	
	b. Urine Protein:		<input type="radio"/> Yes → <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
3. Biochemistry: <small>*</small>				
		<u>Date</u>		
a. Albumin	<input type="text"/>	<input type="radio"/> g/L <input type="radio"/> g/dL	<input type="checkbox"/> Not available	<input type="text"/> / <input type="text"/> / <input type="text"/>
	Autocalc	g/L		
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"/>
	Autocalc	umol/L		
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				
f. eGFR Autocalc				
g. CKD Grade Autocalc				
4. Complement factors:	a. C3	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available		
	b. C4	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available		
5. Serology	a. HBsAg	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	b. HB core Ab	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	c. Anti-HCV	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	d. HIV combo	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	e. VDRL	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	f. c-ANCA	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	g. p-ANCA	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
	h. MPO	<input type="radio"/> Positive → Titre: _____ <input type="radio"/> Negative <input type="radio"/> Not available		
	i. PR3	<input type="radio"/> Positive → Titre: _____ <input type="radio"/> Negative <input type="radio"/> Not available		
	j. ASOT (iu / L)	<input type="radio"/> ≥ 200 <input type="radio"/> <200 <input type="radio"/> Not available		
	k. Anti-PLA2R Ab	<input type="radio"/> Positive → Titre: _____ <input type="radio"/> Negative <input type="radio"/> Not available		
	l. Anti-GBM	<input type="radio"/> Positive → Titre: _____ <input type="radio"/> Negative <input type="radio"/> Not available		
	m. Anti - THSD7A (thrombospondin)	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available		
n. Anti-NELL	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
o. Others, specify				

SECTION 5 : HPE DATA																							
*1a. Date Biopsy (dd/mm/yy):	<div style="display: flex; align-items: center;"> <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> - <input style="width: 20px; height: 20px; margin-right: 5px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> </div>																						
1b. Is this the first biopsy?	<input type="radio"/> No <input type="radio"/> Yes Biopsy Count: <input style="width: 50px;" type="text"/>																						
1c. Re-biopsy: <small>(Applicable for biopsy number >= 2)</small>	Reason : <input type="checkbox"/> Recurrence/relapse <input type="checkbox"/> Inconclusive previous biopsy <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Inadequate response to treatment <input type="checkbox"/> To prognosticate <input type="checkbox"/> to assess CNI toxicity																						
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"/>																						
3. Biopsy report																							
3a. Light microscopy *	<div style="text-align: right; font-size: small;">[If report shown 'no glom' please enter as '0']</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">i. Number of glomeruli</td> <td style="padding: 5px;"><input type="checkbox"/> a. Segmental # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc)</td> </tr> <tr> <td style="padding: 5px;">ii. Glomerular sclerosis</td> <td style="padding: 5px;"><input type="checkbox"/> b. Global # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc)</td> </tr> <tr> <td style="padding: 5px;">iii. Crescent</td> <td style="padding: 5px;"> <input type="checkbox"/> a. Cellular # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc) <input type="checkbox"/> b. Fibrous # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc) <input type="checkbox"/> c. Fibrocellular # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc) </td> </tr> <tr> <td style="padding: 5px;">iv. Tubular interstitial changes:</td> <td style="padding: 5px;"> <input type="radio"/> None <input type="radio"/> Acute (ATN/ inflammation) <input type="radio"/> Acute on chronic <input type="radio"/> Chronic (interstitial fibrosis tubular atrophy) → <div style="display: flex; gap: 10px; margin-left: 20px;"> <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe </div> </td> </tr> <tr> <td style="padding: 5px;">v. Hypertensive vascular changes</td> <td style="padding: 5px;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> </table>	i. Number of glomeruli	<input type="checkbox"/> a. Segmental # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc)	ii. Glomerular sclerosis	<input type="checkbox"/> b. Global # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc)	iii. Crescent	<input type="checkbox"/> a. Cellular # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc) <input type="checkbox"/> b. Fibrous # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc) <input type="checkbox"/> c. Fibrocellular # <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> % (Autocalc)	iv. Tubular interstitial changes:	<input type="radio"/> None <input type="radio"/> Acute (ATN/ inflammation) <input type="radio"/> Acute on chronic <input type="radio"/> Chronic (interstitial fibrosis tubular atrophy) → <div style="display: flex; gap: 10px; margin-left: 20px;"> <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe </div>	v. Hypertensive vascular changes	<input type="radio"/> Yes <input type="radio"/> No												
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3b. Immunofluorescence/immunohistochemistry	<input type="radio"/> Yes → <div style="display: flex; flex-wrap: wrap; gap: 10px; margin-left: 10px;"> <div><input type="checkbox"/> Ig G</div> <div><input type="checkbox"/> Ig A</div> <div><input type="checkbox"/> Ig M</div> <div><input type="checkbox"/> Kappa</div> <div><input type="checkbox"/> PLA2R</div> <div><input type="checkbox"/> C3</div> <div><input type="checkbox"/> C1q</div> <div><input type="checkbox"/> C4d</div> <div><input type="checkbox"/> Lambda</div> <div><input type="checkbox"/> No Significant Deposit/Negative</div> </div> <input type="radio"/> No → <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli Remark: _____																						
3c. Additional staining	<input type="radio"/> Congo red <input type="radio"/> Others, specify: _____																						
3d. Electronmicroscopy	<input type="radio"/> Yes <input type="radio"/> No																						
4. HPE Diagnosis (specify):																							
5. HPE diagnosis	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">ii) Diagnosis classification</td> </tr> <tr> <td style="width: 20%; padding: 5px; vertical-align: top;"> i) <input type="checkbox"/> Report not conclusive <input type="radio"/> No / not enough glomeruli <input type="radio"/> Others, specify: _____ </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 1. Lupus nephritis a) ISN/PRS <input type="radio"/> Class I ** <input type="radio"/> Class IV <input type="radio"/> Class II ** <input type="radio"/> Class IV + V <input type="radio"/> Class II + V * <input type="radio"/> Class V <input type="radio"/> Class III * <input type="radio"/> Class VI <input type="radio"/> Class III + V <input type="radio"/> Others </td> <td style="width: 50%; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; font-size: small;">*c) Subclass ISN III</th> <th style="width: 50%; font-size: small;">**d) Subclass ISN IV</th> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A</td> <td style="padding: 5px;"><input type="radio"/> A</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A/C</td> <td style="padding: 5px;"><input type="radio"/> A/C</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> C</td> <td style="padding: 5px;"><input type="radio"/> C</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> b) Thrombotic microangiopathy <input type="radio"/> Yes <input type="radio"/> No </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> e) Activity index (AI) : <input style="width: 20px;" type="text"/> /24 f) Chronicity index (CI): <input style="width: 20px;" type="text"/> /12 </td> </tr> </table> </td> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> 2. Minimal change iii) <input type="checkbox"/> 3. FSGS </td> <td style="padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> a) Primary a) Diagnosis pattern <input type="radio"/> a. Primary <input type="radio"/> Collapsing <input type="radio"/> Non-collapsing </td> <td style="width: 50%; padding: 5px;"> b. Secondary <input type="radio"/> Malignancy <input type="radio"/> Drug, specify: _____ b. Secondary <input type="radio"/> Drug, specify: _____ <input type="radio"/> Infection <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> HIV <input type="radio"/> Others: _____ <input type="radio"/> Obesity <input type="radio"/> Reduced nephron number <input type="radio"/> Others, specify: _____ </td> </tr> </table> </td> </tr> </table>	ii) Diagnosis classification		i) <input type="checkbox"/> Report not conclusive <input type="radio"/> No / not enough glomeruli <input type="radio"/> Others, specify: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 1. 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ii) Diagnosis classification																							
i) <input type="checkbox"/> Report not conclusive <input type="radio"/> No / not enough glomeruli <input type="radio"/> Others, specify: _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> 1. Lupus nephritis a) ISN/PRS <input type="radio"/> Class I ** <input type="radio"/> Class IV <input type="radio"/> Class II ** <input type="radio"/> Class IV + V <input type="radio"/> Class II + V * <input type="radio"/> Class V <input type="radio"/> Class III * <input type="radio"/> Class VI <input type="radio"/> Class III + V <input type="radio"/> Others </td> <td style="width: 50%; padding: 5px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; font-size: small;">*c) Subclass ISN III</th> <th style="width: 50%; font-size: small;">**d) Subclass ISN IV</th> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A</td> <td style="padding: 5px;"><input type="radio"/> A</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A/C</td> <td style="padding: 5px;"><input type="radio"/> A/C</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> C</td> <td style="padding: 5px;"><input type="radio"/> C</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> b) Thrombotic microangiopathy <input type="radio"/> Yes <input type="radio"/> No </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> e) Activity index (AI) : <input style="width: 20px;" type="text"/> /24 f) Chronicity index (CI): <input style="width: 20px;" type="text"/> /12 </td> </tr> </table>	1. Lupus nephritis a) ISN/PRS <input type="radio"/> Class I ** <input type="radio"/> Class IV <input type="radio"/> Class II ** <input type="radio"/> Class IV + V <input type="radio"/> Class II + V * <input type="radio"/> Class V <input type="radio"/> Class III * <input type="radio"/> Class VI <input type="radio"/> Class III + V <input type="radio"/> Others	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; font-size: small;">*c) Subclass ISN III</th> <th style="width: 50%; font-size: small;">**d) Subclass ISN IV</th> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A</td> <td style="padding: 5px;"><input type="radio"/> A</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> A/C</td> <td style="padding: 5px;"><input type="radio"/> A/C</td> </tr> <tr> <td style="padding: 5px;"><input type="radio"/> C</td> <td style="padding: 5px;"><input type="radio"/> C</td> </tr> </table>	*c) Subclass ISN III	**d) Subclass ISN IV	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A/C	<input type="radio"/> A/C	<input type="radio"/> C	<input type="radio"/> C	b) Thrombotic microangiopathy <input type="radio"/> Yes <input type="radio"/> No		e) Activity index (AI) : <input style="width: 20px;" type="text"/> /24 f) Chronicity index (CI): <input style="width: 20px;" type="text"/> /12									
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2. Minimal change iii) <input type="checkbox"/> 3. FSGS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> a) Primary a) Diagnosis pattern <input type="radio"/> a. Primary <input type="radio"/> Collapsing <input type="radio"/> Non-collapsing </td> <td style="width: 50%; padding: 5px;"> b. Secondary <input type="radio"/> Malignancy <input type="radio"/> Drug, specify: _____ b. Secondary <input type="radio"/> Drug, specify: _____ <input type="radio"/> Infection <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> HIV <input type="radio"/> Others: _____ <input type="radio"/> Obesity <input type="radio"/> Reduced nephron number <input type="radio"/> Others, specify: _____ </td> </tr> </table>	a) Primary a) Diagnosis pattern <input type="radio"/> a. Primary <input type="radio"/> Collapsing <input type="radio"/> Non-collapsing	b. Secondary <input type="radio"/> Malignancy <input type="radio"/> Drug, specify: _____ b. Secondary <input type="radio"/> Drug, specify: _____ <input type="radio"/> Infection <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> HIV <input type="radio"/> Others: _____ <input type="radio"/> Obesity <input type="radio"/> Reduced nephron number <input type="radio"/> Others, specify: _____																				
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<input type="checkbox"/> 4. IgA nephropathy a. MEST-C score: <input type="radio"/> M0 <input type="radio"/> M1 <input type="radio"/> E0 <input type="radio"/> E1 <input type="radio"/> S0 <input type="radio"/> S1 <input type="radio"/> T0 <input type="radio"/> T1 <input type="radio"/> T2 <input type="radio"/> C0 <input type="radio"/> C1 <input type="radio"/> C2 <input type="checkbox"/> Not Available	<input type="radio"/> b. Primary	<input type="radio"/> c. Secondary <input type="radio"/> Vasculitis (HSP) <input type="radio"/> Infection, specify: _____ <input type="radio"/> Inflammatory bowel disease <input type="radio"/> Liver cirrhosis <input type="radio"/> Autoimmune disease
<input type="checkbox"/> 5. Membranous nephropathy	<input type="radio"/> a. Primary	<input type="radio"/> b. Secondary <input type="radio"/> Malignancy <input type="radio"/> Drug, specify: _____ <input type="radio"/> Infection <input type="radio"/> Hepatitis B <input type="radio"/> Hepatitis C <input type="radio"/> HIV <input type="radio"/> Others: _____ <input type="radio"/> Rheumatological disease, specify: _____
<input type="checkbox"/> 6. Thrombotic microangiopathy	<input type="radio"/> a. Primary thrombotic microangiopathy syndrome <input type="radio"/> Diarrhoea associated HUS <input type="radio"/> Complement-mediated TM <input type="radio"/> TTP <input type="radio"/> Drug-induced <input type="radio"/> Coagulation-mediated <input type="radio"/> Metabolism-mediated	<input type="radio"/> b. Secondary to systemic disorders <input type="radio"/> Infection <input type="radio"/> Malignancy <input type="radio"/> Pregnancy-related <input type="radio"/> Severe hypertension <input type="radio"/> Rheumatological disease <input type="radio"/> Post haematopoietic transplant <input type="radio"/> Post solid organ transplant
<input type="checkbox"/> 7. Membrano - proliferative (MPGN)	<input type="radio"/> a. Immunoglobulin-/ Immune complex-mediated <input type="radio"/> Infection, specify: _____ <input type="radio"/> Deposition disease <input type="radio"/> Autoimmune disease, specify _____ <input type="radio"/> Idiopathic <input type="radio"/> b. Complement-mediate <input type="radio"/> c. Without immune complexes or complement <input type="radio"/> C3 glomerulonephritis/DDD <input type="radio"/> C4 glomerulonephritis/DDD	
<input type="checkbox"/> 8. Mesangial proliferative GN-non IgA		
<input type="checkbox"/> 9. ANCA associated GN	<input type="radio"/> Sclerotic (>=50% globally sclerosed) <input type="radio"/> Focal (>=50% normal glomeruli) <input type="radio"/> Crescentic (>=50% cellular crescent) <input type="radio"/> Mixed	
<input type="checkbox"/> 10. Anti-GBM disease	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> % Crescent	
<input type="checkbox"/> 11. Infection-associated	<input type="radio"/> Post-infectious GN <input type="radio"/> IgA-dominant infection-related GN <input type="radio"/> Shunt nephritis <input type="radio"/> Hepatitis-related cryoglobulinemia <input type="radio"/> Endocarditis-related	
<input type="checkbox"/> 12. Deposition/ infiltrative disease	<input type="radio"/> Amyloidosis <input type="radio"/> Paraproteinemia / lymphoproliferative disease <input type="radio"/> Multiple myeloma <input type="radio"/> MGRS (LCDD/HCDD) <input type="radio"/> Immunotactoid / fibrillary GN	

<input type="checkbox"/>	13. Diabetic nephropathy	
<input type="checkbox"/>	14. Polyarteritis nodosa	
<input type="checkbox"/>	15. Hereditary	<input type="radio"/> Alport syndrome <input type="radio"/> Others, specify: <input type="radio"/> Thin Basement Membrane Disease
<input type="checkbox"/>	16. Vascular	<input type="radio"/> Athero-embolic syndrome <input type="radio"/> Systemic sclerosis <input type="radio"/> Hypertensive nephrosclerosis
<input type="checkbox"/>	17. Tubulointerstitial disease	<input type="radio"/> Acute interstitial nephritis <input type="radio"/> Chronic interstitial nephritis <input type="radio"/> Acute tubular necrosis <input type="radio"/> IgG4 disease
<input type="checkbox"/>	18. Advanced glomerulosclerosis	
<input type="checkbox"/>	19. Others, specify:	