MRRB OUTCOME FORM

*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: ____

Centre Name: ______

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/yy): __ / __ / __

◯ **a. Alive (for native biopsy)** → *i.* Date of last follow-up (dd/mm/yyyy): __ / __ / __

◯ **b. Functioning graft (for graft biopsy)** → *i.* Date of last follow-up (dd/mm/yyyy): __ / __ / __

◯ **c. ESKD** →
- *i.* **Date of ESKD (dd/mm/yy):** __ / __ / __
- *ii.* **Kidney Type** *(Check one box)*
  - ◯ Native
  - ◯ Graft → **Graft number: (Renal transplant done)** ______
  - ◯ Not available

◯ **d. Move To Another Centre** →
- *i.* **Date of last follow-up (dd/mm/yy):** __ / __ / __
- *ii.* **Name of new centre :** ....

◯ **e. Lost To Follow-Up** →
- *i.* **Date of last follow-up (dd/mm/yy):** __ / __ / __
- *ii.* **Specify reason for dropping out, if any :** ______

◯ **f. Death** →
- *i.* **Date of death (dd/mm/yy):** __ / __ / __
- *ii.* **Primary Cause of Death** *(Check one box)*
  - ◯ 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

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