

MRRB IgA NEPHROPATHY 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:	<input type="text"/>	/	<input type="text"/>
Centre:	<input type="text"/>		

PATIENT PARTICULARS

Name :	_____			RN :	_____
Identification Card Number :	MyKad / MyKid: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <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):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	* Data Year:	<input type="text"/> <input type="text"/> <input type="text"/>		

1. Date of encounter:					
2. Date of biopsy:	* a. Date 1st Biopsy:		aii. Duration of follow-up from 1st biopsy:	Years	Month
	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. <u>Urine dipstick</u> <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ ii. <u>Urine microscopy</u> <input type="radio"/> <20cells/ul <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	<input type="text"/> (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"/> 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"/> Not available		
5. Biochemistry:					Date
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"/>		
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"/> Not available	<input type="text"/> / <input type="text"/> / <input type="text"/>		
c. Others					<input type="text"/> , <input type="text"/> , <input type="text"/>
d. eGFR	Autocalc	e. CKD Grade	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="radio"/> No			
		ii. Intravenous <input type="radio"/> Yes <input type="radio"/> No			
	e. Calcineurin Inhibitor	i. Cyclosporin <input type="radio"/> Yes <input type="radio"/> No			
		ii. Tacrolimus <input type="radio"/> Yes <input type="radio"/> No			
	f. Mycophenolate acid	i. Mycophenolate mofetil <input type="radio"/> Yes <input type="radio"/> No			
		ii. Mycophenolate sodium <input type="radio"/> Yes <input type="radio"/> No			
	g. Azathioprine	<input type="radio"/> Yes <input type="radio"/> No			
	h. Levamisole	<input type="radio"/> Yes <input type="radio"/> No			
	i. Rituximab	<input type="radio"/> Yes <input type="radio"/> No			
	j. Plasma exchange	<input type="radio"/> Yes <input type="radio"/> No			
	k. Others, specify:				

7. Patient Outcome	<input type="radio"/> a. ESKD	i. 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="text"/>	
	<input type="radio"/> b. Moved To Another Centre	i. Date of last follow-up: <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> ii. Specify reason for dropping out, if any : <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
	<input type="radio"/> d. Death	<div style="display: flex; justify-content: space-between;"> <div> i. Date of death: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> ii. Cause of death: <i>(Check where applicable)</i> <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 </div> <div style="border: 1px solid black; padding: 5px; width: 200px;"> Specify details <div style="border: 1px solid black; height: 150px; width: 100%;"></div> </div> </div>	