MRRB BIOPSY PROCEDURE FORM

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

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):* _____

SECTION 1 : BIOPSY DATA

1. Date Biopsy (dd/mm/yy): * ☐☐ - ☐☐ - ☐☐☐☐

2. ☐ Risk Factors (for Biopsy failure) *(Check where applicable)*

☐ a. Previously failed biopsy ☐ b. Small kidney (< 9 cm) ☐ c. Coagulopathic state ☐ d. On dialysis
☐ e. Obesity (BMI > 30) ☐ f. Uncooperative patient ☐ g. On anti-coagulation ☐ h. Unusual site & position of kidney

3. Kidney Size On Ultrasound (cm): **(Right)** _____ *(cm)* **(Left)** _____ *(cm)* **(Graft)** _____ *(cm)*

4. Biopsy Type: *
◯ Percutaneous Biopsy ◯ Open Biopsy ◯ Transvenous Biopsy

5. Biopsy Procedure Data *(* Applicable for Percutaneous Biopsy only)*

	First Doctor	Second Doctor
ai. Category of doctor performed: * **aii. Name of doctor Performed:** * *(You may choose not to provide name. Please tick 'Name not disclosed' check box. For trainee it is compulsory)*	◯ Nephrologist ◯ Other, specify: _____ ◯ Nephrology Trainee ◯ Physician ◯ Not available ◯ Intervention radiologist _____ ☐ Name not disclosed	◯ Nephrologist ◯ Other, specify: _____ ◯ Nephrology Trainee ◯ Physician ◯ Not available ◯ Intervention radiologist _____ ☐ Name not disclosed
b. Biopsy Technique: * i. Ultrasound biopsy:	◯ Yes → ◯ Realtime guided ◯ Not realtime guided ◯ No	◯ Yes → ◯ Realtime guided ◯ Not realtime guided ◯ No
ii. Plug biopsy:	◯ Yes ◯ No ◯ Not available	◯ Yes ◯ No ◯ Not available
c. Biopsy Instrument: *	◯ Biopsy gun ◯ Trucut ◯ Spring loaded biopsy needle	◯ Biopsy gun ◯ Trucut ◯ Spring loaded biopsy needle
d. Needle Size: *	◯ 14G ◯ 16G ◯ 18G	◯ 14G ◯ 16G ◯ 18G
e. Direction Of Biopsy Needle: *	◯ Perpendicular to kidney (Perpendicular) ◯ Diagonally away from kidney (Cephalic) ◯ Diagonally towards the kidney (Caudal)	◯ Perpendicular to kidney (Perpendicular) ◯ Diagonally away from kidney (Cephalic) ◯ Diagonally towards the kidney (Caudal)
f. Number Of Passes: *	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6	◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6
g. Core Obtained: *	◯ Yes ◯ No ◯ Not available	◯ Yes ◯ No ◯ Not available
h. Procedure Outcome : *	◯ Successful ◯ Failed → ◯ Terminated ◯ Refer 2nd Doctor	◯ Successful ◯ Failed

6. Complications *(Check where applicable)*

◯ Yes → a. ☐ Bleeding → ☐ Gross haematuria ☐ Haematoma
◯ No b. ☐ Perirenal collection c. ☐ Infection d. ☐ AVM e. ☐ Hypotension e. ☐ Others : _____

7. Intervention Required

◯ Yes →
◯ No

a. Blood Transfusion
◯ Yes → No. of pints transfused _____ Lowest haemoglobin (g/dL) _____
◯ No

b. Surgery
◯ Yes → *(Check where applicable)* ☐ Nephrectomy ☐ Others, specify _____
◯ No

c. Radiology
◯ Yes → *(Check where applicable)* ☐ Embolisation ☐ Drainage ☐ Others, specify _____
◯ No