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: ID : _____/_____ 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
☐ i. Low hemoglobin ☐ j. Low platelet

3. 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. Needle Size: *	◉ 14G ◉ 16G ◉ 18G	◉ 14G ◉ 16G ◉ 18G
d. Number Of Passes: *	◉ 1 ◉ 2 ◉ 3 ◉ 4 ◉ 5 ◉ 6	◉ 1 ◉ 2 ◉ 3 ◉ 4 ◉ 5 ◉ 6
e. Core Obtained: *	◉ Yes ◉ No ◉ Not available	◉ Yes ◉ No ◉ Not available
f. Procedure Outcome : *	◉ Successful ◉ Failed → ◉ Terminated ◉ Refer 2nd Doctor	◉ Successful ◉ Failed

4. Complications *(Check where applicable)*

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

5. Intervention Required

◉ Yes →
◉ No

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

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

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