MRRB NOTIFICATION FORM (GRAFT 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:**	ID : _____ / _____ Centre: _____

***A. Centre Name:** _____

***B. Date of Notification :** __ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*

***C. Type of Biopsy: Graft Kidney Biopsy**

SECTION 1: PATIENT PARTICULARS					
1.	***Name**				
2.	***Identification Card Number** (Please enter either MyKad/MyKid **OR** Other ID Document type and number)	*MyKad/MyKid*	__ __ __ __ __ __ - __ __ - __ __ __ __		
		Other ID Document Number		*Specify type (eg. Old IC, passport)*	
3.	***Date of Birth**	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*			
4.	***Gender**	○ Male	○ Female		
5.	***Ethnic group**	○ Malay	○ Chinese	○ Indian	
		○ Other M'sian, specify: _____	○ Foreigner, specify: _____		

SECTION 2: CLINICAL DATA AT PRESENTATION TO NEPHROLOGIST				
1.	***Date of Transplant**	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*		
2.	***Indications for biopsy** *(Tick when applicable)*			
	☐ a. Urine abnormalities	☐ b. Graft dysfunction	☐ c. Others	
	i. haematuria/ proteinuria ○ Yes ○ No	○ i. Acute deterioration of graft function ○ ii. Gradual deterioration of graft function ○ iii. Delayed graft function immediate post transplant	☐ i. Inconclusive previous biopsy ☐ ii. Inadequate response to treatment ☐ iii. Evaluate response to treatment ☐ iv. Protocol biopsy ☐ v. Surveillance ☐ vi. Other, specify: _____	
3.	**Primary Disease of ESKD**	○ Biopsy proven glomerulonephritis, specify: _____ ○ Hereditary nephritis, specify: _____ ○ ADPKD ○ Other, specify:_____	○ Likely glomerulonephritis, not biopsy proven ○ Drug / toxic nephropathy ○ CAKUT	○ Hypertension ○ Diabetes Mellitus ○ Unknown
4.	**Dialysis required?**	○ Yes	○ No	
5.	**(For age <18 only) Prior to biopsy**	**a. Weight**	__ __ __ . __ kg ☐ Not taken	
		b. Height	__ __ __ . __ cm ☐ Not taken	

SECTION 3: LAB DATA						
1.	**Urine**					
	a. Urine RBC	○ Yes	○ No			
	b. Urine Protein					
	i. 24 hrs Urine Protein	_____ g/day				☐ Not available
	ii. Urine PCI/PCR	_____	○ mg/mg	○ mg/g	○ mg/mmol ○ g/mmol	☐ Not available
		_____	○ mg/mmol	(Auto)		
	iii. Urine ACR	_____	○ mg/mg	○ mg/g	○ mg/mmol ○ g/mmol	☐ Not available
		_____	○ mg/mmol	(Auto)		
2.	**Biochemistry at presentation**					
	a. i. Creatinine	_____	○ umol/L	○ mg/dL		☐ Not available
		Autocalc	umol/L			
	ii. eGFR	_____mL/min/1.73m² *(Autocalc)*		**iii. CKD Grade**	*(Autocalc)*	
	b. CMV PCR	○ Positive	○ Negative			
	d. BKV PCR	○ Positive	○ Negative			
	d. Other, specify:					

SECTION 4: HPE Data				
1.	***a. Date Biopsy**	__ __ / __ __ / __ __ __ __ *(dd/mm/yyyy)*		
	b. Is this the first biopsy?	○ No →	**i. Biopsy count**	
		○ Yes		

2. Biopsy Report (Histopathological Examination, HPE)

***a. Total Number of glomeruli reported**: __ __ *[If report shown 'no glom' please enter as '0']*

***b. Immunofluorescence/ immunohistochemistry**

- ○ Yes →
  - ☐ Ig G ☐ Ig A ☐ Ig M ☐ Kappa ☐ PLA2R
  - ☐ C3 ☐ C1q ☐ C4d ☐ Lambda ☐ CMV
  - ☐ SV40 ☐ No Significant Deposit / Negative
- ○ No

c. Additional staining: ○ Congo red ○ Other, specify: _____

d. Electronmicroscopy: ○ Yes ○ No

3. HPE Diagnosis (specify)

4. HPE Diagnosis

i. ☐ Report not conclusive

- ○ No / not enough glomeruli
- ○ Other, specify: _____

ii. Diagnosis classification

☐ **a. Normal biopsy**

☐ **b. Antibody mediated changes**
- ○ Acute ABMR
- ○ Chronic Active ABMR
- ○ Chronic ABMR

☐ **c. Suspicious (borderline) for acute T cell-mediated rejection**

☐ **d. T cell-mediated rejection**

1. Acute TCMR
- ○ Type IA ○ Type IB ○ Type IIA
- ○ Type IIB ○ Type III

2. Chronic Active TCMR
- ○ Grade IA ○ Grade IB ○ Grade II

☐ **e. Other non-rejection changes**

☐ **1. Acute tubular necrosis**

☐ **2. Interstitial fibrosis and tubular atrophy**

☐ **3. Infective**
- ○ BK Polyoma Virus nephropathy
- ○ CMV nephritis
- ○ Concomitant BKV CMV nephritis
- ○ Bacterial pyelonephritis

☐ **4. Infiltrative**
- ○ PTLD
- ○ Others: _____

☐ **5. CNI toxicity**
- ○ Acute
- ○ Chronic

☐ **6. Glomerulonephritis**

a. Type
- ○ Recurrent disease
- ○ De Novo GN
- ○ Uncertain

b. Specify Histological Type:
- ○ Minimal Change
- ○ FSGS
- ○ IgA nephropathy
- ○ Membranous nephropathy
- ○ Crescentic GN
- ○ Post infectious GN
- ○ Other, specify: _____

☐ **7. Diabetic nephropathy**

☐ **8. Interstitial nephritis**
- ○ Acute
- ○ Chronic

☐ **9. Advanced glomerulosclerosis**

☐ **10. Infarcted Kidney**

☐ **11. Other, specify: _____**