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: 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):* _____

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): ☐☐ ☐☐ ☐☐☐☐

◯ **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)*

	Specify details
◯ 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 :	