

# 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:	/
Centre:	

\*A. Centre Name: \_\_\_\_\_

\*B. Date of Notification (dd/mm/yy):  -  -

\*C. Type of Biopsy : **Graft kidney biopsy**

D.i) GFR: *(Auto)*

D.ii) CKD Grade: *(Auto)*

## SECTION 1 : PATIENT PARTICULARS

*1. Patient Name : Hj/Hjh/Dato'/Dr _____	2. RN: _____
*3. Identification Card Number :	MyKad / MyKid: <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"/>
4. Current Resident Address:	a. Home (In full): _____
	b. Postcode: <input type="text"/> c. Town/City: _____
	d. State: _____ e. Country: _____
5. Date of Birth (dd/mm/yy): <input type="text"/> - <input type="text"/> - <input type="text"/>	6. Gender: <input type="radio"/> Male <input type="radio"/> Female
7. Ethnic Group:	<input type="radio"/> Malay <input type="radio"/> Orang Asli <input type="radio"/> Murut <input type="radio"/> Iban <input type="radio"/> Chinese <input type="radio"/> Kadazan <input type="radio"/> Bajau <input type="radio"/> Other M'sian, specify : _____ <input type="radio"/> Indian <input type="radio"/> Melanau <input type="radio"/> Bidayuh <input type="radio"/> Foreigner, specify : _____

## SECTION 2 : CLINICAL DATA AT PRESENTATION TO NEPHROLOGIST

1. Date : (dd/mm/yy) <i>(If exact date not known, pls estimate date)</i>	a. Date of ESRF: <input type="text"/> - <input type="text"/> - <input type="text"/> <input type="checkbox"/> NA	b. Date of Transplant: <input type="text"/> - <input type="text"/> - <input type="text"/> *
2. Indications for biopsy: <i>(Tick where applicable)</i>		
<input type="checkbox"/> Urine abnormalities <input type="radio"/> Asymptomatic hematuria <input type="radio"/> Asymptomatic hematuria and proteinuria <input type="radio"/> Asymptomatic proteinuria <input type="radio"/> Nephrotic range proteinuria <input type="radio"/> Gross hematuria	<input type="checkbox"/> Graft function <input type="radio"/> Acute deterioration of graft function <input type="radio"/> Gradual deterioration of graft function (Creeping creatinine) <input type="radio"/> Non / poor delayed graft function	<input type="checkbox"/> Other <input type="checkbox"/> Inconclusive previous biopsy <input type="checkbox"/> Inadequate response to treatment <input type="checkbox"/> Evaluate response to treatment <input type="checkbox"/> Protocol biopsy <input type="checkbox"/> Surveillance <input type="checkbox"/> Others, specify: _____
3. Family History of Glomerulonephritis	<input type="radio"/> Yes → <input type="radio"/> Biopsy proven, specify : _____ <input type="radio"/> No <input type="radio"/> Not biopsy proven	
4. Prior to Biopsy:	a. Weight (kg): <input type="text"/> <input type="checkbox"/> Not taken b. Height (cm): <input type="text"/> <input type="checkbox"/> Not taken	c. Dialysis required : <input type="radio"/> Yes <input type="radio"/> No

5. Medications at Biopsy	
<b>Immunosuppressive Drugs</b> <input type="checkbox"/> Prednisolone <input type="checkbox"/> Cyclosporin <input type="checkbox"/> Azathioprine <input type="checkbox"/> Neoral <input type="radio"/> Generic <input type="checkbox"/> Mycophenolate Acid (MMF/ Myfortic) <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> Tacrolimus (FK506) _____ <input type="checkbox"/> Rapamycin <input type="checkbox"/> Not Available	<b>Anti hypertensive drug</b> <input type="checkbox"/> ACE Inhibitor <input type="checkbox"/> Calcium Channel Blockers (CCB) <input type="checkbox"/> Alpha Blocker <input type="checkbox"/> Others, specify _____ <input type="checkbox"/> ARB _____ <input type="checkbox"/> Beta Blocker <input type="checkbox"/> Not Available

## SECTION 3 : LAB DATA

1. Haematology:	Unit	Value
a. Hb	g/dL	<input type="checkbox"/> Not available
b. TWC	$10^9/L$	<input type="checkbox"/> Not available
c. Platelet	$10^9/L$	<input type="checkbox"/> Not available

2. Urine:	Value
a. Urine RBC:	<input type="radio"/> 0 - 5 / hpf <input type="radio"/> 6 - 10 / hpf <input type="radio"/> >10 / hpf <input type="radio"/> Not available
b. Urine Pus Cell:	<input type="radio"/> 0 - 5 / hpf <input type="radio"/> 6 - 10 / hpf <input type="radio"/> >10 / hpf <input type="radio"/> Not available
c. Urine Protein:	<input type="radio"/> NIL <input type="radio"/> 1+ <input type="radio"/> 2+ <input type="radio"/> 3+ <input type="radio"/> 4+ <input type="radio"/> Not available
d. 24 hrs Urine Protein, (g/day):	<input type="checkbox"/> Not available
e. Urine PCI, (g/mmol):	<input type="checkbox"/> Not available

3. Coagulation Profile:	Unit	Value
a. PT	second	<input type="checkbox"/> Not available
b. APTT	second	<input type="checkbox"/> Not available
c. INR	-	<input type="checkbox"/> Not available

4. Biochemistry:	Unit	Value
a. RBS	mmol/L	<input type="checkbox"/> Not available
	mg/dL	
b. FBS	mmol/L	<input type="checkbox"/> Not available
	mg/dL	
c. Albumin	g/L	<input type="checkbox"/> Not available
	g/dL	
d. Creatinine <i>(If on dialysis give pre dialysis result )</i>	umol/L	<input type="checkbox"/> Not available
	mg/dL	
e. Urea	mmol/L	<input type="checkbox"/> Not available
	mg/dL	

5. Lipid profile:	Unit	Value
a. Cholesterol	mmol/L	<input type="checkbox"/> Not available
	mg/dL	
b. Triglyceride	mmol/L	<input type="checkbox"/> Not available
	mg/dL	
c. LDL Cholesterol	mmol/L	<input type="checkbox"/> Not available
	mg/dL	
d. HDL Cholesterol	mmol/L	<input type="checkbox"/> Not available
	mg/dL	

6. Therapeutic Drug Monitoring (TDM) for Immunosuppressive Drugs		
	Unit	Value
<input type="checkbox"/> Cyclosporin C <sub>0</sub>	ng/mL	
<input type="checkbox"/> Cyclosporin C <sub>2</sub>	ng/mL	
<input type="checkbox"/> Tacrolimus	ng/mL	
<input type="checkbox"/> Others, specify .....		
<input type="checkbox"/> Not available		

# SECTION 4 : HPE DATA

*1a. Date Biopsy (dd/mm/yy):	<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	1b. Is this the first biopsy?	<input type="radio"/> No → <b>Biopsy Count:</b> <input style="width: 50px;" type="text"/> <input type="radio"/> Yes
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2a. Biopsy specimen sent to:	Name of Histopathology Lab: <input style="width: 90%;" type="text"/>
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2b. Biopsy read by :	Histopathologist Name : <input style="width: 90%;" type="text"/>
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2c. HPE Report Number:	<input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
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3. Biopsy Report:	a) Total Number of glomeruli reported: <input style="width: 50px;" type="text"/> <span style="float: right; font-size: small;">[If report shown 'no glom' please enter as '0']</span> b) Percent of glomeruli sclerosis: <input style="width: 30px;" type="text"/> % OR if no percent, state number: <input style="width: 30px;" type="text"/> c) Tubular interstitial changes: <input type="radio"/> No change / None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe d) Vascular shown hypertensive changes? <input type="radio"/> Yes <input type="radio"/> No
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4. Histopathology Examination (HPE) :	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 5px;">4i. Immunofluorescence</td> <td style="padding: 5px;"> <input type="radio"/> Yes → <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> IgM <input type="checkbox"/> No Significant Deposit / Negative  <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C1q           </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="radio"/> No → <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli            Remark: <input style="width: 80%;" type="text"/> </td> </tr> <tr> <td style="padding: 5px;">4ii. Electronmicroscopy</td> <td style="padding: 5px;"><input type="radio"/> Yes <input type="radio"/> No</td> </tr> <tr> <td style="padding: 5px;">4iii. C4d staining</td> <td style="padding: 5px;"> <input type="radio"/> Not Done <input type="radio"/> Done → <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> NA           </td> </tr> </table>	4i. Immunofluorescence	<input type="radio"/> Yes → <input type="checkbox"/> IgG <input type="checkbox"/> IgA <input type="checkbox"/> IgM <input type="checkbox"/> No Significant Deposit / Negative <input type="checkbox"/> C3 <input type="checkbox"/> C4 <input type="checkbox"/> C1q		<input type="radio"/> No → <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli Remark: <input style="width: 80%;" type="text"/>	4ii. Electronmicroscopy	<input type="radio"/> Yes <input type="radio"/> No	4iii. C4d staining	<input type="radio"/> Not Done <input type="radio"/> Done → <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> NA
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5. HPE Diagnosis (specify):	<input style="width: 90%;" type="text"/>
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6. Diagnosis Classification:	(Please select appropriate group and check one or more box where applicable)
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<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">a) <input type="checkbox"/> <b>Report not conclusive</b></td> <td style="padding: 5px;"> <input type="radio"/> No / Not enough glomeruli  <input type="radio"/> Others, specify : <input style="width: 80%;" type="text"/> </td> </tr> <tr> <td style="padding: 5px;">b) <input type="checkbox"/> <b>Normal</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">c) <input type="checkbox"/> <b>Acute Tubular Necrosis</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">d) <input type="checkbox"/> <b>Infarcted kidney</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">e) <input type="checkbox"/> <b>Calcineurine inhibitor Toxicity</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">f) <input type="checkbox"/> <b>Acute Rejection</b></td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Borderline</b></td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Acute Allograft Rejection</b></td> <td style="padding: 5px;"> <input type="radio"/> I A <input type="radio"/> II A <input type="radio"/> III  <input type="radio"/> I B <input type="radio"/> II B           </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Chronic Allograft Nephropathy</b></td> <td style="padding: 5px;"> <input type="radio"/> Grade I <input type="radio"/> Grade III  <input type="radio"/> Grade II           </td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> <b>Resolved Acute Rejection</b></td> <td style="padding: 5px;"></td> </tr> </table> </td> </tr> </table>	a) <input type="checkbox"/> <b>Report not conclusive</b>	<input type="radio"/> No / Not enough glomeruli <input type="radio"/> Others, specify : <input style="width: 80%;" type="text"/>	b) <input type="checkbox"/> <b>Normal</b>		c) <input type="checkbox"/> <b>Acute Tubular Necrosis</b>		d) <input type="checkbox"/> <b>Infarcted kidney</b>		e) <input type="checkbox"/> <b>Calcineurine inhibitor Toxicity</b>		f) <input type="checkbox"/> <b>Acute Rejection</b>	<table border="1" style="width:100%; 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l) <input type="checkbox"/> <b>Advance GN</b>																																						

## SECTION 4 : HPE DATA (continued)

### m) Secondary GN

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> Idiopathic Crescentic GN</li> <li><input type="radio"/> Henoch Schonlein purpura             <ul style="list-style-type: none"> <li><input type="radio"/> Grade I - Minimal glomerular disease</li> <li><input type="radio"/> Grade II - Mesangial proliferative</li> <li><input type="radio"/> Grade III - Focal and segmental Glomerulonephritis or Diffuse proliferative &lt;50% Crescent</li> <li><input type="radio"/> Grade IV - 50-75% Crescent</li> <li><input type="radio"/> Grade V - &gt;75% Crescent</li> <li><input type="radio"/> Grade VI - Membrano-proliferative</li> </ul> </li> <li><input type="radio"/> HUS/TTP</li> <li><input type="radio"/> Anti GBM disease <input type="text"/> % Crescent</li> <li><input type="radio"/> Diabetic nephropathy</li> <li><input type="radio"/> Amyloidosis</li> <li><input type="radio"/> Systemic vasculitis</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Post Infectious GN             <ul style="list-style-type: none"> <li><input type="checkbox"/> Crescentic <input type="text"/> % Crescent</li> <li><input type="checkbox"/> Mesangial-proliferative</li> <li><input type="checkbox"/> Endocapillary</li> </ul> </li> <li><input type="radio"/> Other infection             <ul style="list-style-type: none"> <li><input type="radio"/> Hepatitis B                 <ul style="list-style-type: none"> <li><input type="radio"/> Minimal Change</li> <li><input type="radio"/> FSGS</li> </ul> </li> <li><input type="radio"/> Membranous nephropathy</li> <li><input type="radio"/> Membrano-proliferative</li> </ul> </li> <li><input type="radio"/> Hepatitis C                 <ul style="list-style-type: none"> <li><input type="radio"/> Minimal Change</li> <li><input type="radio"/> FSGS</li> </ul> </li> <li><input type="radio"/> Membranous nephropathy</li> <li><input type="radio"/> Membrano-proliferative</li> </ul> <li><input type="radio"/> HIV                 <ul style="list-style-type: none"> <li><input type="radio"/> Collapsing</li> <li><input type="radio"/> Lupus like</li> <li><input type="radio"/> TTP like</li> <li><input type="radio"/> Others, specify: _____</li> <li>_____</li> </ul> </li> | <ul style="list-style-type: none"> <li><input type="radio"/> Polyarteritis Nodosa <input type="text"/> % Crescent</li> <li><input type="radio"/> Malignancy             <ul style="list-style-type: none"> <li><input type="radio"/> Membranous nephropathy</li> <li><input type="radio"/> Membrano-proliferative</li> <li><input type="radio"/> Minimal change</li> </ul> </li> <li><input type="radio"/> Multiple myeloma</li> <li><input type="radio"/> Immunotactoid / fibrillary GN</li> <li><input type="radio"/> Light / Heavy chain deposit disease</li> </ul> |
|--|--|--|

### n) Others,specify: