	MRRB N	OTIFICA	TION FO	ORM (NA	TIVE	KIDI	NEY BIO	PSY)			
Instruction: Where checheck (√) one box only.	ck boxes are pro	ovided, check (√)						ce /			
*A. Centre Name:		,					Cen				
*B. Date of Notific	•	/yy):									
*C. Type of Biops		Native k	idney biopsy								
D.i) GFR:	(Auto)			D.	ii) CKD	Grade:	<u>(Auto)</u>				
SECTION 1: I	PATIENT PA	RTICULAR	RS								
*1. Patient Name :	Hj/Hjh/Dato'/Dr						2. RI	N:			
*3. Identification Card	MyKad / MyKid	:	-	-		Old	IC:				
Number :	Other document No: Specify type (eg.passport, armed force ID):										
4. Current Resident	a. Home (In full):									
Address:	b. Postcode:										
	d. State:										
5. Date of Birth (dd	i/mm/yy):	-	-		6. Gend	der:	Male	Female			
7. Ethnic Group:	Malay	Orang As	_		lban						
стоир.	ChineseIndian	KadazanMelanau	⊚ Ba ⊚ Bi			M'sian, sp ner, specif					
SECTION 2 : 0											
*1. Date: (dd/mm/yy		or first notification,		ION TO NE	<u> </u>	LOGIC	71				
(If exact date not know	n, a. At present			-		b. Seen by					
pls estimate date)	doctor: (Doctor refer c	ase to nephrologis	st)	■ Not av		Nephrolog	jist: L		Not available		
2. Current Clinical	a. Clinical Sy	/ndrome			c. Re	enal functi	ion				
Presentation:	Asympto	omatic urine abi	normalities		11 =	Impaired	→	_	ot available		
	Asymptomatic hematuria Normal Chronic										
		Asymptomatic hematuria and proteinuria d. Hypertension									
		 ○ Asymptomatic proteinuria ○ Present ○ Absent ○ Current drug treetm 									
	Nephritic Nephroti	,	rug treatment:								
	 Nephrotic syndrome → Is patient given steroid? → Steroid resistant □ ACE Inhibitor □ Alpha Blocker 							_			
	○ Nephritic - Nephrotic ○ No Steroid sensitive □ ARB							ners, specify:	Diockers (OOD)		
	1	Not available									
	b. Gross her Present		nt	Not available]	e. Oth	ers, specify:				
3. Family History o		→ Biops	sy proven, spec	cify:				Not biops	sy proven		
Glomerulonephi 4. Prior to Biopsy:	U NO	(1)			District						
4. Prior to Biopsy.					Dialysis	required	Yes No				
	b. Height			Not taken			0 110				
SECTION 3 : I	Check if Yes										
1.1 SLE Clinical P			alar rash	Photosensitivi	tv 🔳 /	Arthritis	Renal	□ Home	atological		
622 664.1		_ =	iscoid rash	Oral ulcers	. —	Serositis	Cerebral	■ Hema	alological		
1.2 SLE Lab Data		Positive	Negative	Not available]		<u>Positive</u>	<u>Negative</u>	Not Available		
a) ANF		<u> </u>	0	0		Nucleo	0	0			
b) dsDNA				0	h) F		0	0			
c) ssDNA				<u> </u>							
d) Anti-cardiolipin	n antibody	0 0		0	- "	j) Sm Other antibodies,sp					
e) Anti-phosphol	ipid antibody			Other		Other anti	boales,specity:				
f) Histone		0 0			<u> </u>						
i İ											

SECTION 4 : LAB DATA

	Lab test	ab test		entation t registration MRRB)	At biopsy		
1. Haematology:	a. Hb	g/dL		Not available		Not available	
	b. TWC	10 ⁹ /L		Not available		Not available	
	c. Platelet	10 ⁹ /L		Not available		Not available	
2. Urine:	a. Urine RBC:		0 - 5 / hpf >10 / hpf	6 - 10 / hpf Not available	0 - 5 / hpf >10 / hpf	6 - 10 / hpf Not available	
	b. Urine Pus Cell:		0 - 5 / hpf	>10 / hpf	0 - 5 / hpf	>10 / hpf Not available	
	c. Urine Protein:		6 - 10 / hpfNIL2+	Not available 4+	6 - 10 / hpfNIL2+	0 4+	
			1+ 3+	Not available	1+ 3+	Not available	
	d. 24 hrs Urine Protein, (g/day)			Not available		Not available	
	e. Urine PCI, (g/mmol):			Not available		Not available	
3. Biochemistry	a. RBS	mmol/L mg/dL		Not available		Not available	
	b. FBS	mmol/L					
		mg/dL		Not available		Not available	
	c. Albumin	g/L		Not available		Not available	
		g/dL		1 vot available		1vot available	
	d. Creatinine (If on dialysis give pre dialysis result)	umol/L mg/dL		Not available		Not available	
	e. Urea	mmol/L mg/dL		Not available		Not available	
4. Complement factors:	a. C3		O Low O Normal -	High Not available	Low Normal - High	Not available	
	b. C4		O Low O Normal -	High Not available	Low Normal - High Not available		
5. Others:	a. CRP		Raised Norm	al Not available	Raised Normal Not available		
	b. ESR, (mm/hr)			Not available		Not available	
6. Serology	a. HbsAg		Positive	Negative	Not available	9	
	b. Anti-HCV		Positive	Negative	Not available		
	c. Anti-HIV		Positive	Negative	○ Not available	e	
	d. VDRL		Positive	Negative	○ Not available	e	
	e. c-ANCA		Positive	Negative	Not available	e	
	f. p-ANCA		Positive	Negative	Not available)	
	g. ASOT (iu / L)			<200	Not available	Э	

SECTION 5: HPE DATA *1a. Date Biopsy 1b. Is this the first biopsy? No **Biopsy Count:** (dd/mm/yy): Yes 1c. Re-biopsy: a.Reason: Recurrence Defaulted treatment / Follow-up Others, specify: (Applicable for biopsy Relapse Inconclusive previous biopsy number >= 2) Inadequate response to treatment To assess CNi toxicity 2a. Biopsy specimen sent to: Name of Histopathology Lab: 2b. Biopsy read by: **Histopathologist Name:** 2c. HPE Report Number: 3. Biopsy Report: a) Total Number of glomeruli reported: [If report shown 'no glom' please enter as '0'] b) Percent of glomeruli sclerosis: OR if no percent, state number: c) Tubular intestitial changes: No change / None Mild Moderate Severe d) Vascular shown hypertensive changes? Yes No 4. Hispathology Examination 4i. Immunofluorescence Yes IgG IgA IgM No Significant (HPE): Deposit / Negative C3 C4 C1q No Not done Not sent No glomeruli Remark: 4ii. Electronmicroscopy Yes No 5. HPE Diagnosis (specify): 6. Diagnosis Classification: (Please select appropriate group. If item a) is ticked, the rest will not be applicable. Between item b) and c), select ONE only. ou may have other combination from item d) to h) b) Primary GN a) Report not conclusive Minimal Change Ig A nephropathy Membranous nephropathy No / not enough glomeruli FSGS Membrano-proliferative Minimal change Mesangial Proliferative Others, specify: Focal proliferative Tip lesion Peri-hilar GN-non lgA Advanced chronic GN Cellular No otherwise specified: Crescentic ANCA FSGS-like Collapsing Idiopathic Crescentic GN Diffuse proliferative c) Secondary GN Henoch Schonlein Purpura d) Hereditary Polyarteritis Nodosa Alport's syndrome Grade I - Minimal glomerular disease % Crescent Grade II - Mesangial proliterative Thin Basement Grade III - Focal and segrental Malignancy Membrane Glomerulonephritis or Diffuse proliferative <50% disease Membranous nephropathy Grade IV - 50-75% Crescent Others, specifiy: Membrano-proliferative Grade V - >75% Crescent Minimal change Grade VI - Membrano-proliferative Multiple myeloma HUS/TTP Immunotactoid / fibrillary GN e) Vascular % Crescent Anti GBM disease Light / Heavy chain deposit disease Athero-embolic Diabetic nephropathy Lupus Nephritis disease Amyloidosis (Check if Section 3 No.1 is YES) Benign / Malignant Systemic vasculitis (Please tick where appropriate according to the Hypertension class and include the sub-group if available) Post Infectious GN Svstemic sclerosis WHO ■ Crescentic → % Crescent Mesangial-ISN / RPS % Crescent proliferative f) Tubulointerstitial Endocapillary Disease Class I ** Class IV Other infection Class II ** OClass IV + V Acute interstitial Hepatitis Membranous Class II + V Class V Minimal nephritis Change nephropathy Class III Class VI Acute tubular **FSGS** Membrano-proliferative * Olass III + V Others necrosis Chronic interstitial Hepatitis *Subclass *Subclass Minimal Membranous nephritis ISN III ISN IV nephropathy Change FSGS Membrano-proliferative A G(A) S(A) g) Advance GN A/C HIV Collapsing Lupus like TTP like C h) Others, specify: Others, specify: