

SECTION 4 : LAB DATA

<u>Lab test</u>		<u>At presentation</u> (Only required at first registration MRRB)		<u>At biopsy</u>			
1. Haematology:	a. Hb	g/dL	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
	b. TWC	10 ⁹ /L	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
	c. Platelet	10 ⁹ /L	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
2. Urine:	a. Urine RBC:	<input type="radio"/> 0 - 5 / hpf <input type="radio"/> >10 / hpf	<input type="radio"/> 6 - 10 / hpf <input type="radio"/> Not available	<input type="radio"/> 0 - 5 / hpf <input type="radio"/> >10 / hpf	<input type="radio"/> 6 - 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	<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	<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		<input type="checkbox"/> Not available		
	e. Urine PCI, (g/mmol):		<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
3. Biochemistry	a. RBS	mmol/L	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
		mg/dL					
	b. FBS	mmol/L	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
		mg/dL					
	c. Albumin	g/L	<input type="checkbox"/> Not available		<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		<input type="checkbox"/> Not available		
mg/dL							
e. Urea	mmol/L	<input type="checkbox"/> Not available		<input type="checkbox"/> Not available			
	mg/dL						
4. Complement factors:	a. C3	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available			
	b. C4	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available	<input type="radio"/> Low <input type="radio"/> Normal - High <input type="radio"/> Not available			
5. Others:	a. CRP	<input type="radio"/> Raised <input type="radio"/> Normal <input type="radio"/> Not available	<input type="radio"/> Raised <input type="radio"/> Normal <input type="radio"/> Not available	<input type="radio"/> Raised <input type="radio"/> Normal <input type="radio"/> Not available			
	b. ESR, (mm/hr)		<input type="checkbox"/> Not available		<input type="checkbox"/> Not available		
6. Serology	a. HbsAg	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	b. Anti-HCV	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	c. Anti-HIV	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	d. VDRL	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	e. c-ANCA	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	f. p-ANCA	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Not available			
	g. ASOT (iu / L)	<input type="radio"/> ≥200 <input type="radio"/> <200 <input type="radio"/> Not available	<input type="radio"/> ≥200 <input type="radio"/> <200 <input type="radio"/> Not available	<input type="radio"/> ≥200 <input type="radio"/> <200 <input type="radio"/> Not available			

SECTION 5 : HPE DATA

*1a. Date Biopsy (dd/mm/yy): <input type="text"/> - <input type="text"/> - <input type="text"/>	1b. Is this the first biopsy? <input type="radio"/> No <input type="radio"/> Yes	Biopsy Count: <input type="text"/>		
1c. Re-biopsy: <i>(Applicable for biopsy number >= 2)</i>	a.Reason : <input type="checkbox"/> Recurrence <input type="checkbox"/> Defaulted treatment / Follow-up <input type="checkbox"/> Others, specify: _____ <input type="checkbox"/> Relapse <input type="checkbox"/> Inconclusive previous biopsy <input type="checkbox"/> Inadequate response to treatment <input type="checkbox"/> To assess CNi toxicity			
2a. Biopsy specimen sent to:	Name of Histopathology Lab: <input type="text"/>			
2b. Biopsy read by:	Histopathologist Name : <input type="text"/>			
2c. HPE Report Number:	<input type="text"/> / <input type="text"/>			
3. Biopsy Report:	a) Total Number of glomeruli reported: <input type="text"/> <i>[If report shown 'no glom' please enter as '0']</i> b) Percent of glomeruli sclerosis: <input type="text"/> % OR if no percent, state number: <input 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			
4. Histopathology Examination (HPE) :	4i. Immunofluorescence <input type="radio"/> Yes <input type="radio"/> No 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 No → <input type="radio"/> Not done <input type="radio"/> Not sent <input type="radio"/> No glomeruli Remark: _____			
4ii. Electronmicroscopy <input type="radio"/> Yes <input type="radio"/> No				
5. HPE Diagnosis (specify):				
6. Diagnosis Classification:	<i>(Please select appropriate group. If item a) is ticked, the rest will not be applicable. Between item b) and c), select ONE only. You may have other combination from item d) to h))</i>			
a) <input type="checkbox"/> Report not conclusive <input type="radio"/> No / not enough glomeruli <input type="radio"/> Others, specify : _____	b) <input type="checkbox"/> Primary GN <input type="radio"/> Minimal Change <input type="radio"/> Ig A nephropathy <input type="radio"/> Membranous nephropathy <input type="radio"/> FSGS <input type="radio"/> Minimal change <input type="radio"/> Membrano-proliferative <input type="radio"/> Tip lesion <input type="radio"/> Peri-hilar <input type="radio"/> Focal proliferative <input type="radio"/> Mesangial Proliferative GN-non IgA <input type="radio"/> Cellular <input type="radio"/> No otherwise specified: _____ <input type="radio"/> Advanced chronic GN <input type="radio"/> Crescentic ANCA <input type="radio"/> Collapsing _____ <input type="radio"/> FSGS-like <input type="radio"/> Idiopathic Crescentic GN <input type="radio"/> Diffuse proliferative			
c) <input type="checkbox"/> Secondary GN <input type="radio"/> Henoch Schonlein Purpura <input type="radio"/> Grade I - Minimal glomerular disease <input type="radio"/> Grade II - Mesangial proliferative <input type="radio"/> Grade III - Focal and segmental Glomerulonephritis or Diffuse proliferative <50% <input type="radio"/> Grade IV - 50-75% Crescent <input type="radio"/> Grade V - >75% Crescent <input type="radio"/> Grade VI - Membrano-proliferative <input type="radio"/> HUS/TTP <input type="radio"/> Anti GBM disease <input type="text"/> % Crescent <input type="radio"/> Diabetic nephropathy <input type="radio"/> Amyloidosis <input type="radio"/> Systemic vasculitis <input type="radio"/> Post Infectious GN <input type="checkbox"/> Crescentic → <input type="text"/> % Crescent <input type="checkbox"/> Mesangial-proliferative <input type="checkbox"/> Endocapillary	<input type="radio"/> Polyarteritis Nodosa <input type="text"/> % Crescent <input type="radio"/> Malignancy <input type="radio"/> Membranous nephropathy <input type="radio"/> Membrano-proliferative <input type="radio"/> Minimal change <input type="radio"/> Multiple myeloma <input type="radio"/> Immunotactoid / fibrillary GN <input type="radio"/> Light / Heavy chain deposit disease <input type="radio"/> Lupus Nephritis <i>(Check if Section 3 No.1 is YES)</i> <i>(Please tick where appropriate according to the class and include the sub-group if available)</i> <input type="radio"/> WHO → <input type="text"/> <input type="radio"/> ISN / RPS → <input type="text"/> % Crescent <input type="radio"/> Class I ** <input type="radio"/> Class IV <input type="radio"/> Class II ** <input type="radio"/> Class IV + V <input type="radio"/> Class III * <input type="radio"/> Class V <input type="radio"/> Class III + V * <input type="radio"/> Class VI <input type="radio"/> Others <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> *Subclass ISN III <input type="radio"/> A <input type="radio"/> A/C <input type="radio"/> C </td> <td style="width:50%; vertical-align: top;"> **Subclass ISN IV <input type="radio"/> S(A) <input type="radio"/> G(A) <input type="radio"/> S(A/C) <input type="radio"/> G(A/C) <input type="radio"/> S(C) <input type="radio"/> G(C) </td> </tr> </table>		*Subclass ISN III <input type="radio"/> A <input type="radio"/> A/C <input type="radio"/> C	**Subclass ISN IV <input type="radio"/> S(A) <input type="radio"/> G(A) <input type="radio"/> S(A/C) <input type="radio"/> G(A/C) <input type="radio"/> S(C) <input type="radio"/> G(C)
*Subclass ISN III <input type="radio"/> A <input type="radio"/> A/C <input type="radio"/> C	**Subclass ISN IV <input type="radio"/> S(A) <input type="radio"/> G(A) <input type="radio"/> S(A/C) <input type="radio"/> G(A/C) <input type="radio"/> S(C) <input type="radio"/> G(C)			
<input type="radio"/> Other infection <input type="radio"/> Hepatitis B → <input type="radio"/> Minimal Change <input type="radio"/> Membranous nephropathy <input type="radio"/> FSGS <input type="radio"/> Membrano-proliferative <input type="radio"/> Hepatitis C → <input type="radio"/> Minimal Change <input type="radio"/> Membranous nephropathy <input type="radio"/> FSGS <input type="radio"/> Membrano-proliferative <input type="radio"/> HIV → <input type="radio"/> Collapsing <input type="radio"/> Lupus like <input type="radio"/> TTP like <input type="radio"/> Others, specify: _____	d) <input type="checkbox"/> Hereditary <input type="radio"/> Alport's syndrome <input type="radio"/> Thin Basement Membrane disease <input type="radio"/> Others, specify: _____			
	e) <input type="checkbox"/> Vascular <input type="radio"/> Athero-embolic disease <input type="radio"/> Benign / Malignant Hypertension <input type="radio"/> Systemic sclerosis			
	f) <input type="checkbox"/> Tubulointerstitial Disease <input type="radio"/> Acute interstitial nephritis <input type="radio"/> Acute tubular necrosis <input type="radio"/> Chronic interstitial nephritis			
	g) <input type="checkbox"/> Advance GN			
	h) <input type="checkbox"/> Others,specify: _____			