MRRB OUTCOME FORM

Centre Name: _____

Office use: ____ / ____
Centre: ____

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): ☐☐ ☐☐ ☐☐

SECTION 1 : PATIENT OUTCOME

1. Patient Outcome

◉ **Death** →

a. Date of death (dd/mm/yy): ☐☐ ☐☐ ☐☐

b. Cause of death: *(Check where applicable)*

	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	
☐ Caused of death related to ESRF	
☐ Other cause of death, specify	

◉ **Move To Another Centre** →

a. Date of last follow-up (dd/mm/yy): ☐☐ ☐☐ ☐☐

b. Name of new centre : .....

◉ **Lost To Follow-Up** →

a. Date of last follow-up (dd/mm/yy): ☐☐ ☐☐ ☐☐

b. Specify reason for dropping out, if any :

SECTION 2 : TREATMENT OUTCOME

a. Date of ESRF (dd/mm/yy): ☐☐ ☐☐ ☐☐

1. ☐ **ESRF** →

b.Kidney type: *(Check one box)*

- ◉ Native
- ◉ Graft → **Graft number:** *(Renal transplant done)* ☐☐☐☐☐☐
- ◉ Not available