RENAL TRANSPLANT OUTCOME FORM

Instruction: Complete this Renal Transplant Outcome form when the following event(s) occur and return the form within a month after the event(s) to the National Transplant Registry. Where check boxes are provided, check one box as appropriate unless otherwise specified.

Office use: / Centre:

Name of reporting centre: _____

Patient Name: _____

I/C No.: (Old) (New)

Date of Transplant (dd/mm/yy): | | |

The NTR Address:
National Transplant Registry
c/o Clinical Registry Unit
2nd Floor, 29 & 31 Jalan Ipoh,
51200 Kuala Lumpur

Date: dd | mm | yy

OUTCOME DATA

☐ 1. Acute Rejection

i.) Date (dd/mm/yy): | | |

ii.) ☐ Biopsy —— **If Yes** → Stage: _____
☐ No Biopsy

iii.) Treatment given:

iv.) Outcome:
☐ Respond (Cr back to baseline)
☐ Partial Response —— **If Yes** →
☐ No Response —— **If Yes** →

Rescue therapy, specify:

☐ 2. Graft failure

i.) Date (dd/mm/yy): | | |

ii.) Cause(s) of graft failure: *(Check one or more boxes, and provide details if possible.)*

☐ Rejection, acute or chronic
☐ Calcineurin toxicity
☐ Other drug toxicity
☐ Ureteric obstruction
☐ Infection
☐ Vascular causes: thrombosis, renal artery stenosis, etc
☐ Recurrent / de novo renal disease
☐ Other, specify:

Specify details on cause of graft failure:

☐ 3. Death

i.) Date (dd/mm/yy): | | |

ii.) Cause(s) of death: *(Check one or more boxes, and provide details if possible.)*

☐ 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
☐ Graft failure
☐ Cancer
☐ Liver disease
☐ Accidental death, specify:
☐ Other cause of death, specify:

Specify details on cause of death:

☐ 4. Moved to another centre

i.) Date (dd/mm/yy): | | |

ii.) Name of new centre:

☐ 5.Lost to Follow Up

i.) Date (dd/mm/yy): | | |