RENAL TRANSPLANT NOTIFICATION FORM

Office use: ______ / ______
Centre: ______

Instruction: Complete this form to notify transplant patient in your centre and return the form to the National Transplant Registry within one month after the first visit of the patient. Where check boxes are provided, check one box as appropriate unless specified otherwise. NA refers to Not Available.

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

Name of reporting centre: ______________________

Date of 1st Encounter: dd | mm | yy

Name of transplant centre: ______________________

Date of Transplant: dd | mm | yy

Place of transplant centre: ☐ Local ☐ China ☐ India ☐ Others, specify: ________

Kidney Graft Number: ______

SECTION 1 : RECIPIENT DETAILS

1. Name:		
2. Identification Card Number :	*Old IC:*	*New IC:*
	Other ID document num:	*Specify type (eg. passport, armed force ID):*
	<12 years: Birth cert # :	*I/C Guardian:* Mother / Father
3. Town/City:		**State:**
4. Contact number:	**Home:** ______ **H/P:** ______	**Work:** ______ **Ext:** ______

5. Date of Birth (dd/mm/yy): | | | **6. Gender:** ☐ M ☐ F **7. a) Weight (kg):** ______ **b. Height (cm):** ______

8. Ethnic group:
- ☐ Malay
- ☐ Chinese
- ☐ Indian
- ☐ Bumiputra Sarawak, specify: ______
- ☐ Bumiputra Sabah, specify: ______
- ☐ Others, specify: ______

9. Current or previous Occupation: ______

10. Marital Status:	**11. Highest education attained:**	**12. Family Income / month:**	**13. Cig. smoker:**
☐ Single ☐ Widowed	☐ Uneducated ☐ Secondary	☐ <RM1000 ☐ RM 2-3000	☐ Never
☐ Married ☐ Divorced	☐ Primary ☐ Tertiary	☐ RM 1-2000 ☐ >RM 3000	☐ Former
			☐ Current

14. Primary renal disease(s): *(check one or more boxes below if present)*
- ☐ Glomerulonephritis
- ☐ Diabetes Mellitus
- ☐ Hypertension
- ☐ Obstructive uropathy
- ☐ ADPKD
- ☐ Drugs / toxic nephropathy
- ☐ Hereditary nephritis
- ☐ Unknown
- ☐ Others, specify: ______

15. Co-morbid condition present : *(check one or more boxes below if present)*
- ☐ Diabetes mellitus
- ☐ Hypertension, requiring treatment
- ☐ Cardiovascular disease
- ☐ Cerebrovascular disorder
- ☐ TB (any site)
- ☐ Peptic ulcer disease
- ☐ Respiratory disorder, specify: ______
- ☐ Liver disorder, specify: ______
- ☐ Cancer, specify: ______
- ☐ Renal bone disease — **If Yes** → ☐ Biochemical ☐ X-ray evidence ☐ Parathyroidectomy
- ☐ Other co-morbidity, specify: ______

16. Bone parameters (before transplant):

Biochemical parameters	Unit	Recipient
a. Calcium	mmol/L	
b. Phosphate	mmol/L	
c. ALP	U/L	
d. iPTH	pg/ml	
e. Serum albumin	g/L	

17. a. Date started dialysis after onset of ESRF (dd/mm/yy): | | |

17. b. Mode of RRT: *complete this section in chronological order*

#	Modality *(circle modality)*	*Date started treatment	Outcome, if any		Date of outcome	If transplanted, specify: *a. Tx place	, *b. Tx type
	HD / CAPD / Tx			on			
	HD / CAPD / Tx			on			
	HD / CAPD / Tx			on			

18. Current Immunosuppressive drug(s) treatment: *(check one or more boxes below if present)*
- ☐ a. Prednisolone
- ☐ b. Methylprednisolone
- ☐ c. Azathioprine
- ☐ d. Cyclosporin A
- ☐ e. Tacrolimus (FK506)
- ☐ f. Mycophenolate Mofetil (MMF)
- ☐ g. Rapamycin
- ☐ h. Monoclonal / Polyclonal antibodies
- ☐ i. Methotrexate
- ☐ j. Anti IL2R Antibodies
- ☐ k. Others, specify: ______

SECTION 2 : DONOR DETAILS

19. Age: ______ **20. Gender:** ☐ Male ☐ Female **21. a) Weight (kg):** ______ **b. Height (cm):** ______

22. Ethnic group: ☐ Malay ☐ Chinese ☐ Indian ☐ Bumiputra Sarawak, specify: ______ ☐ Bumiputra Sabah, specify: ______ ☐ Others, specify: ______

23. Type of donor: ☐ Cadaveric **OR** ☐ Living donor

Cadaveric:
- ☐ Brain Death
  - **Preop Inotropes:** ☐ Yes ☐ No
- ☐ Non-heart Beating

Cause of death: ☐ Head injury ☐ CVA ☐ Others: ______

Date & Time of death: ____ (dd) ____ (mm) ____ (yy) & ___ : ___ (hrs) (hh mm)

Date & Time of procurement: ____ (dd) ____ (mm) ____ (yy) & ___ : ___ (hrs) (hh mm)

Procurement centre: ______

Multiorgan Harvesting: ☐ Yes ☐ No

Living donor:
- ☐ Related
  - ☐ Genetically related
    - ☐ Mother ☐ Father ☐ Daughter ☐ Son ☐ Sister ☐ Brother ☐ Monozygotic twin ☐ Dizygotic twin ☐ Other specify: ______
  - ☐ Emotional
    - ☐ Wife ☐ Husband ☐ Other, specify: ______
- ☐ Unrelated

24. Donor's Biochemical parameters:

	Unit	Cadaveric	Living related
a. Creatinine	µmol/L		
b. Creatinine clearance	ml/min		
c. GFR (EDTA / DTPA)	ml/min		*Left:* *Right:*

SECTION 3 : RECIPIENT - DONOR MATCH DATA

25. HLA Mismatch ☐ 6 ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ 0

26. Panel Reactive Antibody ☐ ______ (%) ☐ Not done

27. Lymphocyte cross-match
☐ Not available ☐ Always negative ☐ Current B positive ☐ Previous B positive, current negative ☐ Previous T positive, current negative ☐ Previous B and T positive, current B and T negative

	Recipient				Donor			
28. ABO Blood Group	☐ A	☐ B	☐ AB	☐ O	☐ A	☐ B	☐ AB	☐ O

29. Serology		Recipient Positive	Recipient Negative	Recipient Not Done	Donor Positive	Donor Negative	Donor Not Done
HIV	Screening (Anti HIV I / II)	☐	☐	☐	☐	☐	☐
CMV	IgG	☐	☐	☐	☐	☐	☐
	IgM	☐	☐	☐	☐	☐	☐
Hep B	HBsAg	☐	☐	☐	☐	☐	☐
	Anti HBs	☐	☐	☐	☐	☐	☐
Hep C	Anti HCV	☐	☐	☐	☐	☐	☐
EBV	IgG	☐	☐	☐	☐	☐	☐
	IgM	☐	☐	☐	☐	☐	☐
RPR-VDRL		☐	☐	☐	☐	☐	☐
HSV	IgG	☐	☐	☐	☐	☐	☐

SECTION 4: TRANSPLANT SURGERY DATA

30. Total Ischaemic time (hours): ______ **31. Donor kidney:** ☐ Left ☐ Right

32. Artery:
- **a. Recipient:** ☐ external illiac ☐ internal illiac ☐ common illiac ☐ Others, specify: ______
- **b. Anastomosis:** ☐ End to side ☐ End to end
- **c. Donor Artery Supply:** ☐ Single ☐ Double → ☐ Multiple → **Comment:** ______

33. Vein: ☐ external illiac ☐ internal illiac ☐ common illiac ☐ Others, specify: ______

34. Ureter: ☐ intravesical ☐ extra vesical **35. Stent:** ☐ Yes ☐ No

36. Surgical Comment: ______

SECTION 5: POST TRANSPLANT DATA

37. Graft function ☐ Immediate ☐ Delayed ☐ Failed

38. a. Surgical Complications
- ☐ i. Renal artery thrombosis
- ☐ ii. Renal vein thrombosis
- ☐ iii. lymphocele
- ☐ iv. Haemorrhage requiring reoperation
- ☐ vii. Others, specify: ______

b. Urological Complications
- ☐ Urinary tract leak / Urinoma
- ☐ Ureteric obstruction / urinary tract stenosis
- ☐ Others, specify: ______

c. Management
- ☐ Conservative / observation
- ☐ Surgical intervention, specify: ______
- ☐ Outcome of Management, comments: ______