

## RENAL TRANSPLANT ANNUAL RETURN

Please complete this form for each patient on dialysis at your centre for year

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\*\* - Compulsory

Instruction to select boxes: 1)  check one or more boxes 2)  check one box only

<b>Name</b>			
<b>NRR Registration Number</b>	<b>Patient ID</b> _____	<b>RRT ID</b> _____	<b>Notif ID</b> _____
	<i>Nota: Jika pesakit tiada nombor pendaftaran NRR, tolong isikan borang 'Dialysis Patient Notification' dan pulang bersama borang ini</i>		
<b>Centre name</b>			<b>SDP ID</b> _____

## PART I - DETAILS &amp; CATEGORY

<b>1. Patient Yearly Height</b>	_____ cm
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## PART II - MEDICATION TREATMENT &amp; THERAPY

## Anti Hypertensive Treatment

- ACE Inhibitor  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Alpha Blocker  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- ARB  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Beta Blocker  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Calcium Channel Blocker (CCB)  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Direct Renin Inhibitors (DRI)  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Other Anti Hypertensive Treatment  
**Name:** \_\_\_\_\_  
**Route:**  Oral

## Lipid Lowering Treatment

- Cholesterol Absorption Inhibitor  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Fibrates (Fibric Acid Derivatives)  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Nicotinic Acid  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Resins (Bile-Acid Sequestrants)  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Statins (HMG-CoA reductase Inhibitors)  
**Name:** \_\_\_\_\_  
**Route:**  Oral
- Other Lipid Lowering Treatment  
**Name:** \_\_\_\_\_  
**Route:**  Oral

**Immunosuppressive Drug Treatment - Induction**

- 
- Anti IL2R Antibodies

Name: \_\_\_\_\_

Route:  Injection - Intravenous (IV)

- 
- Methylprednisolone

Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)

- 
- Monoclonal antibodies

Name: \_\_\_\_\_

Route:  Injection - Intravenous (IV)

- 
- Polyclonal antibodies

Name: \_\_\_\_\_

Route:  Injection - Intravenous (IV)

- 
- Other Induction Immunosuppressive Drug

Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)**Immunosuppressive Drug Treatment - Maintenance**

- 
- Antimetabolites

Name:  Mycophenolate Sodium - Myfortic  Mycophenolate Mofetil - Cellcept  AzathioprineRoute:  Oral

- 
- Calcineurin inhibitors

Name:  Cyclosporine - Neoral  Cyclosporine - Sandimmune  Tacrolimus - Advagraf Tacrolimus - Generic Tacrolimus - PrografRoute:  Oral

- 
- CTLA4

Name:  Belatacept - NulojixRoute:  Injection - Intravenous (IV)

- 
- mTOR inhibitors

Name:  Everolimus - Certican  Everolimus - Generic  Sirolimus - Generic Sirolimus - RapamulRoute:  Oral

- 
- Prednisolone

Name:  Prednisolone - GenericRoute:  Oral

- 
- Other Maintenance Immunosuppressive Drug, specify

Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)**Medication For Hepatitis B**

- 
- Medication for Hepatitis B

Name:  Adefovir  Entecavir  Lamivudine  Telbivudine Tenofovir  Others, specify: \_\_\_\_\_Route:  Oral**Medication For Hepatitis C**

- 
- Medication for Hepatitis C

Name:  Myhepall (Sofusbuvir-Velpatasvir)  Sofusbuvir and Declatasvir (generic)  Ribavarin Others, specify: \_\_\_\_\_Route:  Oral**Other Drug Treatment**

1. Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)

2. Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)

3. Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)

4. Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)

5. Name: \_\_\_\_\_

Route:  Oral  Injection - Intravenous (IV)  Injection - Subcutaneous (SC)  Injection - Intramuscular (IM)



**PART V - VITAL SIGN**

MEASUREMENT	**Systolic BP (mmHg)	**Diastolic BP (mmHg)	Weight (Kg)
01. Date _____ (dd/mm/yyyy)			
02. Date _____ (dd/mm/yyyy)			
03. Date _____ (dd/mm/yyyy)			
04. Date _____ (dd/mm/yyyy)			
05. Date _____ (dd/mm/yyyy)			
06. Date _____ (dd/mm/yyyy)			
07. Date _____ (dd/mm/yyyy)			
08. Date _____ (dd/mm/yyyy)			
09. Date _____ (dd/mm/yyyy)			
10. Date _____ (dd/mm/yyyy)			
11. Date _____ (dd/mm/yyyy)			
12. Date _____ (dd/mm/yyyy)			

**PART VI - COMORBIDITIES / COMPLICATIONS (Newly Diagnosed this year)**

01. Diabetes	<input type="radio"/> Yes <input type="radio"/> No	
02. Cancer	<input type="radio"/> Yes, specify _____ <input type="radio"/> No	
03. Cardiovascular Disease	<input type="radio"/> Yes <input type="checkbox"/> Coronary <input type="checkbox"/> Non coronary <input type="checkbox"/> CVA <input type="radio"/> No	
04. Decompensated Liver Disease	<input type="radio"/> Yes <input type="radio"/> No If Yes, <input type="checkbox"/> Hep B <input type="checkbox"/> Hep C <input type="checkbox"/> Drug, specify _____ <input type="checkbox"/> Others, specify _____	
05. Infection	<b>Pneumocystis pneumonia (PCP)</b>	<input type="radio"/> Yes <input type="radio"/> No
	<b>CMV infection</b>	<input type="radio"/> Yes <input type="radio"/> No
	<b>Other infection</b>	<input type="checkbox"/> Specify Infection _____
06. Surgical	<input type="checkbox"/> Renal artery stenosis <input type="checkbox"/> Obstructive uropathy, specify _____ <input type="checkbox"/> Others, specify _____	

**Acute Rejection**

<b>01. **Date</b>	_____		
<b>02. **Biopsy / no biopsy</b>	<input type="radio"/> Biopsy, date _____ <input type="radio"/> No biopsy <input type="checkbox"/> Type of rejection <input type="checkbox"/> a) Antibody mediated rejection <input type="checkbox"/> b) Borderline <input type="checkbox"/> c) Cell mediated rejection		
<b>03. **Treatment given</b>	(1) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	(2) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	(3) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	Specify		
	<b>04. **Outcome</b>	<input type="radio"/> Respond (Cr return to baseline(+/- 20%)) <input type="radio"/> Partial respond (Cr return to >20-50% baseline) <input type="radio"/> No respond (Cr more than 50% of baseline) <input type="radio"/> Unknown / Not available	
<b>05. Rescue Therapy</b>	(1) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	(2) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	(3) <input type="radio"/> No treatment <input type="radio"/> Double filtration on Plasmapheresis <input type="radio"/> Haemodialysis <input type="radio"/> Immuno-absorption <input type="radio"/> Immunoglobulin <input type="radio"/> Methylprednisolone <input type="radio"/> Plasma exchange <input type="radio"/> Plasmapheresis <input type="radio"/> Re-adjust immunosuppressive <input type="radio"/> Surgical intervention <input type="radio"/> Thymoglobuline <input type="radio"/> Others, specify _____ If re-adjust immunosuppressive <input type="radio"/> Convert CsA to Tacrolimus <input type="radio"/> Convert Azathioprine to MPA <input type="radio"/> Convert MPA to mTOR <input type="radio"/> Convert to steroid based immunosuppressive regimen		
	Specify		

## Hospitalization

<b>01. **Date of Admission:</b> _____	<b>02. Date of Discharge:</b> _____	
<b>03. **Definitive Diagnosis of Admission</b>		
<input type="checkbox"/> Infections	<input type="checkbox"/> Fluid Overload	<input type="checkbox"/> Uremia Related
<input type="checkbox"/> Cardiovascular Event	<input type="checkbox"/> Cerebrovascular Event	<input type="checkbox"/> Others, specify _____
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Myocardial Infarction  <input type="checkbox"/> Heart Failure  <input type="checkbox"/> Others, specify            _____         </div>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Stroke         </div>	_____
<b>01. **Date of Admission:</b> _____		<b>02. Date of Discharge:</b> _____
<b>03. **Definitive Diagnosis of Admission</b>		
<input type="checkbox"/> Infections	<input type="checkbox"/> Fluid Overload	<input type="checkbox"/> Uremia Related
<input type="checkbox"/> Cardiovascular Event	<input type="checkbox"/> Cerebrovascular Event	<input type="checkbox"/> Others, specify _____
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Myocardial Infarction  <input type="checkbox"/> Heart Failure  <input type="checkbox"/> Others, specify            _____         </div>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Stroke         </div>	_____
<b>01. **Date of Admission:</b> _____		<b>02. Date of Discharge:</b> _____
<b>03. **Definitive Diagnosis of Admission</b>		
<input type="checkbox"/> Infections	<input type="checkbox"/> Fluid Overload	<input type="checkbox"/> Uremia Related
<input type="checkbox"/> Cardiovascular Event	<input type="checkbox"/> Cerebrovascular Event	<input type="checkbox"/> Others, specify _____
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Myocardial Infarction  <input type="checkbox"/> Heart Failure  <input type="checkbox"/> Others, specify            _____         </div>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Stroke         </div>	_____
<b>01. **Date of Admission:</b> _____		<b>02. Date of Discharge:</b> _____
<b>03. **Definitive Diagnosis of Admission</b>		
<input type="checkbox"/> Infections	<input type="checkbox"/> Fluid Overload	<input type="checkbox"/> Uremia Related
<input type="checkbox"/> Cardiovascular Event	<input type="checkbox"/> Cerebrovascular Event	<input type="checkbox"/> Others, specify _____
<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Myocardial Infarction  <input type="checkbox"/> Heart Failure  <input type="checkbox"/> Others, specify            _____         </div>	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Stroke         </div>	_____