RENAL TRANSPLANT OUTCOME NOTIFICATION

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 National Renal Registry. Where check boxes are provided, check one box as appropriate unless otherwise specified.

NRR ID: /

SDPID:

Date Notification(dd/mm/yyyy):

PATIENT PARTICULARS

1. Patient name:	Hj/Hjh/Dato'/Dr.
2. Identification card number:	MyKad / MyKid: - - Old:
	Other document No: Specify document type:
3. Centre:	
4. Date of transplant (dd/mm/yyyy):	

OUTCOME DATA

1. Graft failure

i.) Date (dd/mm/yyyy): *(Date commence dialysis or new transplant)*

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

- Acute cellular rejection
- Antibody mediated rejection
- Chronic allograft nephropathy / IFTA
- Calcineurin toxicity
- Recurrent / denovo renal disease
- Vascular causes
- Technical problem; specify
- Infection; specify
- Others; specify

Specify details on cause of graft failure:

2. Death

i.) Date (dd/mm/yyyy):

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

Specify details on cause of death:

3. Moved to another centre

i.) Date (dd/mm/yyyy):

ii.) Name of new centre:

4.Lost to follow-up *(Date last seen in clinic)*

i.) Date (dd/mm/yyyy):