AUST. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

AUSTRALIAN **KIDNEY** FOUNDATION

REGISTRY NUMBER

THIS SECTION FOR ALL PATIENTS

1 INITIAL HOSPITAL — Hospital/State | Hosp. Unit No.

CURRENT PARENT HOSPITAL — Hospital/State | Hosp. Unit No | Physician (Optional)

2 Surname | Given Names

3 DATE OF BIRTH | **4 SEX** | **5 RACIAL ORIGIN** (Record from list) — IF ABORIGINAL-Resident State at Entry | **6 PRIMARY RENAL DISEASE** (Record from list) — OTHER | **7 BIOPSY** Y/N

8 S.CREAT. AT ENTRY

9 COUNTRY OF BIRTH (If Australia or NZ - Tick box) — AUST | NZ | OTHER COUNTRY (Please specify)

10 POSTCODE AT ENTRY

CO-MORBID SYMPTOMATIC CONDITIONS AT ENTRY TO PROGRAMME

11 LATE REFERRAL TO NEPHROLOGIST <3 MONTHS BEFORE FIRST TREATMENT (Y/N)

12 HEIGHT (cms)

13 WEIGHT (kg)

14 CIGARETTE SMOKING N=Never F=Former C=Current

15 CHRONIC LUNG DISEASE Y=Yes S=Suspected N=No

16 CORONARY ARTERY DISEASE Y=Yes S=Suspected N=No

17 PERIPHERAL VASCULAR DISEASE Y=Yes S=Suspected N=No

18 CEREBROVASCULAR DISEASE Y=Yes S=Suspected N=No

19 DIABETES N=No O=Type 1 - Insulin dependent P=Type 2 - Non-Insulin requiring Q=Type 2 - Insulin requiring

20 HYPERTENSION REQUIRING TREATMENT (Y/N)

21 OTHER CO-MORBID CONDITIONS (Write In)

22 COURSE OF TREATMENT - COMPLETE ACCORDING TO CODE

A Hospital IPD/CCPD/Tidal
C Satellite IPD/CCPD/Tidal
E Home IPD/CCPD/Tidal

L Hospital CAPD
M Home CAPD

B Hospital HD
D Satellite HD
F Home HD

G Transplant in AUST/NZ
H Date of last post graft dialysis

X Transplant Overseas

I Graft function Temporary/ Permanently ceased (Date return to dialysis)

J Own kidney function recovered. Dialysis ceased

K Date of last visit if lost to follow lup

Z DATE OF DEATH

CODE	DAY	MTH	YR		CODE	DAY	MTH	YR		CODE	DAY	MTH	YR
1st					10th					19th			
2nd					11th					20th			
3rd					12th					21st			
4th					13th					22nd			
5th					14th					23rd			
6th					15th					24th			
7th					16th					25th			
8th					17th					26th			
9th					18th					27th			

23 CANCER EVER? Y/N — If Yes, enter separate Cancer Form

24 CAUSE OF DEATH (Record from list) — OTHER

25 WAS GRAFT SUSTAINING LIFE? Without dialysis at time of death Y=Yes N=No

26 CENTRE OF TREATMENT AT END OF SURVEY

Enter geographical location
FOR ALL PATIENTS at DEATH or END OF SURVEY

	HOSPITAL / CENTRE NAME (Write In)	CENTRE CODE
CURRENT		
LAST SURVEY		

27 PARENTHOOD (Both sexes)

PREGNANCY (Record from list)

CODE	OTHER	DAY	MTH	YR

28 LIKELIHOOD OF TRANSPLANTATION (Record from list)

		OTHER
CURRENT		
LAST		

29 HEPATITIS C ANTIBODY

1=Positive 2=Negative 3=Not done

CURRENT SURVEY | **LAST SURVEY**

THIS SECTION FOR ALL PATIENTS DIALYSED AT ANY TIME DURING THIS SURVEY PERIOD

RESPONSES IN THIS SECTION SHOULD REFLECT STATUS AT END OF SURVEY OR THAT PERTAINING WHEN DIALYSIS ENDED

30 TYPE OF DIALYSIS (Record from list)

31 DRY WEIGHT AT LAST DIALYSIS HD and PD Patients At end of Survey, Transplantation or Death (nearest kg)

32 BLOOD PRESSURE (mmHg) SYSTOLIC | DIASTOLIC — HD and PD Patients At end of Survey or Transplantation

HAEMODIALYSIS

33 DIALYSER BRAND (Write In) — CODE | BRAND NAME AND MODEL

34 BLOOD FLOW RATE (mls/min)

35 SESSIONS PER WEEK

36 HOURS PER SESSION

37 UREA REDUCTION or Kt/V Method (See List) | Value

PERMANENT VASCULAR ACCESS (Functioning only)

Enter for ALL PATIENTS ON HAEMODIALYSIS at the end of Survey

38 PRESENT 1=Native 2=Synthetic 3=Central Vein Catheter (Permanent)

39 DECLOTTED during Survey Y=Yes N=No

40 REVISED during Survey N=No S=Surgical A=Angioplasty

β_2 MICROGLOBULIN AMYLOID ASSOCIATED CONDITIONS

ALL PATIENTS

41 PRESENT (See list) Y=Yes S=Suspected N=No

ALL PERITONEAL DIALYSIS

42 PET TEST Once Only (Dx/Plasma Creatinine at 4 hours) Within first 6 mths

43 CONNECTION SYSTEM CODE | (Write In)

44 PERITONITIS DATE OF FIRST EPISODE

45 CONNECTION SYSTEM USED TIME OF FIRST PERITONITIS CODE | (Write In)

46 NUMBER OF EPISODES OF PERITONITIS During this Survey

47 TOTAL VOLUME OF WEEKLY EXCHANGES (Litres per week)

48 CREATININE CLEARANCE (Litres per week)

49 Kt/V (on PD)

50 RESIDUAL RENAL CLEARANCE (GFR) (mls per minute)

51 REASON FOR TRANSFER FROM CAPD / CCPD (Record from list)

CURRENT GRAFT (IN THE EVENT OF BOTH GRAFT FAILURE AND RETRANSPLANT IN THIS SURVEY - USE A NEW FORM)

52 GRAFT NUMBER

53 DATE OF THIS TRANSPLANT

54 REFERRING HOSPITAL | **55 DONOR HOSPITAL** | **56 TRANSPLANT HOSPITAL**

57 RECIPIENT ANTIBODY STATUS AT GRAFT CMV | EBV — 1=Positive 2=Negative 3=Not done

58 NUMBER REJECTION EPISODES THIS SURVEY (Complete acute rejection form for each episode) (Within 6 months of transplant)

59 DONOR DETAILS SOURCE | AGE | SEX (See list)

60 TOTAL ISCHAEMIA (Hours)

61 IMMEDIATE FUNCTION (See list)

62 DISEASE IN GRAFT (See list) If Yes

63 DATE RECURRENCE FIRST PROVEN (eg. Graft biopsy)

64 CAUSE OF GRAFT FAILURE OTHER (Record from list)

65 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

COURSE	DATE	AGENT	OTHER	NO. DOSES GIVEN	REASON	OTHER
1st						
2nd						
3rd						

66 TOTAL DAILY DRUG DOSE (mg)

TOTAL INITIAL ORAL DOSE	1 MTH	2 MTH	3 MTH	6 MTH	1 YR	2 YR	3 YR	5 YR	7 YR	10 YR	15 YR	20 YR	25 YR
CYA													
AZA													
PRED													
TACROL													
MMF													
OTHER													

67 CYA SPARING DRUG 0=NOT GIVEN 1=GIVEN (DRUG NAME NOT REQUIRED)

68 BODY WEIGHT (kg)

69 SERUM CREATININE µmol/L

FOR OFFICE USE ONLY

70 HLA TYPING

	BLOOD GROUP	A	A CODE	B	B CODE	DR	DR CODE	DQ	DQ CODE
RECIPIENT									
DONOR									

71 PRA AND CROSSMATCH

MAX CYTO	CELLS T	CELLS B	CURR CYTO	CELLS T	CELLS B