AUST. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

THIS SECTION FOR ALL PATIENTS

REGISTRY NUMBER | 1 **INITIAL HOSPITAL** | **CURRENT PARENT HOSPITAL**

	Hospital/State	Hosp. Unit No.	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 **SE. CREATININE** AT ENTRY

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

10 **POSTCODE AT ENTRY**

AUSTRALIAN **KIDNEY** FOUNDATION

11 CO-MORBID CONDITIONS AT ENTRY

LATE REFERRAL <3 MTHS BEFORE FIRST TREATMENT (Y/N) | **HEIGHT** (cms) | **WEIGHT** (kg) | **CIGARETTE SMOKING** N=Never F=Former C=Current | **HYPERTENSION REQUIRING TREATMENT** (Y/N)

DISEASE AT ENTRY AND DURING CURRENT SURVEY

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

Y=Yes N=No S=Suspected	**CHRONIC LUNG Y/S/N**	**CORONARY ARTERY Y/S/N**	**PERIPHERAL VASCULAR Y/S/N**	**CEREBRO VASCULAR Y/S/N**
AT ENTRY				
LAST				
CURRENT				

OTHER CO-MORBID CONDITIONS (Write In)

AT ENTRY	
PREVIOUS ENTRIES	
CURRENT	

12 CENTRE OF TREATMENT

Enter geographical location at Death or End of Survey		**HOSPITAL / CENTRE NAME** (Write In or Tick if same)	**CENTRE CODE**	**DATE TRANSFER**
	CURRENT			
	LAST			

13 ON TRANSPLANT WAITING LIST (Dialysis Patients Only)

Y=Yes N=No	CURRENT	LAST

14 HEPATITIS C ANTIBODY

1=Positive 2=Negative 3=Not done	CURRENT	LAST

15 COURSE OF TREATMENT - COMPLETE ACCORDING TO CODE

A Hospital APD / IPD
C Satellite APD / IPD
E Home APD / IPD

L Hospital/Outpatient 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					18th					35th				
2nd					19th					36th				
3rd					20th					37th				
4th					21st					38th				
5th					22th					39th				
6th					23rd					40th				
7th					24th					41st				
8th					25th					42nd				
9th					26th					43rd				
10th					27th					44th				
11th					28th					45th				
12th					29th					46th				
13th					30th					47th				
14th					31st					48th				
15th					32nd					49th				
16th					33rd					50th				
17th					34th					51st				

16 CANCER EVER? Y/N | If Yes, enter separate Cancer Form

17 CAUSE OF DEATH (Record from list) | OTHER

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

19 PARENTHOOD

HAS THIS PATIENT BECOME PREGNANT OR FATHERED A CHILD DURING THIS SURVEY | Y=Yes N=No | **If Yes, please complete the Pregnancy Outcome sheet** | **DATE OF LAST OUTCOME**

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

20 **TYPE OF DIALYSIS** (Record from list)

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

22 **HAEMOGLOBIN** Last Available g/l

23 **EPO AGENT** Y=Yes N=No

24 **FERRITIN** Within last 3 mths of Survey or record not done ug/l

25 **% SATURATION IRON** (Transferrin Saturation) Within last 3 mths of Survey or record not done

HAEMODIALYSIS

26 **DIALYSER BRAND** (Write In) | CODE | BRAND NAME AND MODEL

27 **BLOOD FLOW RATE** Pump Speed (mls/min)

28 **SESSIONS PER WEEK**

29 **HOURS PER SESSION**

30 **UREA REDUCTION or Kt/V** **Method** (See List) **Value**

31 ACCESS IN USE (Functioning only) **Enter for** ALL PATIENTS ON HAEMODIALYSIS **at the end of Survey**

PRESENT 1=Native 2=Synthetic 3=Tunnel CV Catheter 4=Non Tunnel CV Catheter

DECLOTTED during Survey Y=Yes N=No D=Declotted and revised

REVISED during Survey N=No S=Surgical A=Angioplasty B=Both

IN THE EVENT OF THE PATIENT HAVING BOTH HD AND PERITONEAL DIALYSIS DURING THE SURVEY COMPLETE SECTIONS 20-40 INCLUSIVE

ALL PERITONEAL DIALYSIS

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

33 **CONNECTION SYSTEM** CODE | (Write In)

34 **PERITONITIS** DATE OF FIRST EPISODE

35 **NUMBER OF EPISODES OF PERITONITIS** During this Survey

36 **TOTAL VOLUME OF WEEKLY EXCHANGES** (Litres/ week)

37 **DIALYSATE CREATININE CLEARANCE** **Adjusted for Body Surface Area** (Litres/week/1.73 m^2) Range 10-200 Litres/week

38 **DIALYSATE WEEKLY Kt/V** Range 0.1 - 5.0

39 **RESIDUAL CREATININE CLEARANCE** **Adjusted for Body Surface Area** (Litres/week/1.73 m^2)

40 **REASON FOR TRANSFER FROM CAPD / APD** (Record from list)

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

41 **GRAFT NUMBER**

42 **DATE OF THIS TRANSPLANT**

43 **REFERRING HOSPITAL** | 44 **DONOR HOSPITAL** | 45 **TRANSPLANT HOSPITAL**

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

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

48 **DONOR DETAILS** SOURCE | AGE | SEX (See list)

49 **TOTAL ISCHAEMIA** (Hours)

50 **IMMEDIATE FUNCTION** (See list)

51 **DISEASE IN GRAFT** If Yes (See list)

52 **DATE FIRST PROVEN** (eg. Graft biopsy)

53 **CAUSE OF GRAFT FAILURE** | OTHER (Record from list)

54 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

COURSE	DATE	**AGENT**	OTHER	**NUMBER OF DOSES GIVEN**	**REASON**	OTHER
1st						
2nd						
3rd						

55 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	30 YR	35 YR
CYA															
AZA															
PRED															
TACROL															
MMF															
SIROL															
..... OTHER															

56 CYA SPARING DRUG **0=NOT GIVEN** **1=GIVEN** **(eg DILTIAZEM - KETOCONAZOLE - VERAPAMIL)**

57 BODY WEIGHT (kg)

58 SERUM CREATININE µmol/L

FOR OFFICE USE ONLY

59 HLA TYPING

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

60 PRA AND CROSSMATCH

MAXIMUM	CURRENT