

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)	6 PRIMARY RENAL DISEASE (Record from list)	7 BIOPSY	8 SE. CREATININE
OTHER	OTHER	Y/N	AT ENTRY

9 COUNTRY OF BIRTH (If Australia or NZ - Tick box)	10 POSTCODE At Entry	POSTCODE At End Survey
AUST NZ OTHER COUNTRY (Please specify)		

11 CO-MORBID CONDITIONS AT ENTRY

LATE REFERRAL <3 MTHS BEFORE FIRST TREATMENT (Y/N)	HEIGHT (cms)	WEIGHT (kg)	CIGARETTE SMOKING	AUSTRALIAN KIDNEY FOUNDATION
			N=Never F=Former C=Current	

DISEASE AT ENTRY AND DURING CURRENT SURVEY

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	DIABETES N=No Q=Type 1 Insulin dependent P=Type 2 Non Insulin requiring O=Type 2 Insulin requiring
AT ENTRY					
LAST					
CURRENT					

OTHER CO-MORBID CONDITIONS (Write In)

AT ENTRY	
PREVIOUS ENTRIES	
CURRENT	

12 CENTRE OF TREATMENT

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

13 HEPATITIS C ANTIBODY

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

14 COURSE OF TREATMENT - COMPLETE ACCORDING TO CODE

	CODE	DAY	MTH	YR	CODE	DAY	MTH	YR	CODE	DAY	MTH	YR
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 up												
Z DATE OF DEATH												

15 CANCER EVER? Y/N

<input type="checkbox"/> If Yes, enter separate Cancer Form

16 CAUSE OF DEATH (Record from list)

OTHER	
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17 WAS GRAFT SUSTAINING LIFE?

<input type="checkbox"/> Without dialysis at time of death Y=Yes N=No
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18 PARENTHOOD

HAS THIS PATIENT BECOME PREGNANT OR FATHERED A CHILD DURING THIS SURVEY

<input type="checkbox"/> Y=Yes <input type="checkbox"/> N=No

If Yes, please complete the Pregnancy Outcome sheet

DATE OF LAST OUTCOME

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THIS SECTION FOR ALL PATIENTS DIALYZED AT ANY TIME DURING THE SURVEY PERIOD

19 TYPE OF DIALYSIS	20 DRY WEIGHT AT LAST DIALYSIS	21 UNCORRECTED CALCIUM	22 PHOSPHATE	23 HAEMOGLOBIN	24 EPO AGENT	25 FERRITIN	26 % SATURATION IRON (Transferrin Saturation)
(See list)	kg (HD and PD Patients)	mmol/l (See instructions on the back of the form)	mmol/l	g/l Last Available	Y=Yes N=No	ug/l Within last 3 mths of Survey or record not done	

HAEMODIALYSIS

27 DIALYSER BRAND (Write In)	28 BLOOD FLOW RATE	29 SESSIONS PER WEEK	30 HOURS PER SESSION	31 UREA REDUCTION or Kt/V
CODE BRAND NAME AND MODEL	Pump Speed (mls/min)			Method Value (See List)

32 ACCESS IN USE (Functioning only) Enter for ALL PATIENTS ON HAEMODIALYSIS AT ANY TIME DURING THIS SURVEY PERIOD

AT FIRST HD	1=Native 2=Synthetic 3=Tunnel CV Catheter 4=Non Tunnel CV Catheter	AT LAST HD	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 PD, AND A TRANSPLANT DURING THE SURVEY COMPLETE SECTIONS 19-41 INCLUSIVE
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ALL PERITONEAL DIALYSIS

33 PET TEST (Once Only) Within first 6 mths	34 CONNECTION SYSTEM	35 PERITONITIS	36 NUMBER OF EPISODES OF PERITONITIS	37 TOTAL VOLUME OF WEEKLY CHANGES
(Dx / Plasma Creatinine at 4 hours)	CODE (Write In)	DATE OF FIRST EPISODE	During this Survey	(Litres/week)
38 DIALYSATE ONLY (Creatinine Clearance)	39 DIALYSATE ONLY WEEKLY Kt/V	40 RESIDUAL RENAL FUNCTION (Creatinine Clearance)	41 REASON FOR TRANSFER During Survey (Record from list)	
Adjusted for Body Surface Area Range 10-200 Litres/week (Litres/week/1.73 m ²)	Range 0.1 - 5.0	Adjusted for Body Surface Area (Litres/week/1.73 m ²)	From CAPD to APD From APD to CAPD From any PD to HD	1st 2nd 3rd 4th

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

42 GRAFT NUMBER	43 DATE OF THIS TRANSPLANT	44 REFERRING HOSPITAL	45 DONOR HOSPITAL	46 TRANSPLANT HOSPITAL	47 RECIPIENT ANTIBODY STATUS	48 NUMBER REJECTION EPISODES THIS SURVEY
					CMV EBV AT GRAFT 1=Positive 2=Negative 3=Not done	(Complete acute rejection form for each episode) (at any time)

49 DONOR DETAILS

SOURCE	AGE	SEX

50 TOTAL ISCHAEMIA

(Hours)

51 IMMEDIATE FUNCTION

(See list)

52 DISEASE IN GRAFT

If Yes

53 DATE FIRST PROVEN

(eg. Graft biopsy)

54 CAUSE OF GRAFT FAILURE

OTHER

55 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

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

56 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															

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

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58 BODY WEIGHT (kg)

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59 SERUM CREATININE

µmol/L

FOR OFFICE USE ONLY

60 HLA TYPING

RECIPIENT	BLOOD GROUP	A	B	DR	DQ
DONOR					

62 PRA AND CROSSMATCH

MAXIMUM	CURRENT