

## **ANZDATA Registry**

## **Living Kidney Donor Registry**

## Long Term Follow Up - Yearly

LIVING DONOR NUMBER	DONOR NAME	DATE OF BIRTH	DATE OF DONATION
	,		
Anniversary Status		DATE OF FOLLOW UP	FACILITY FACILITY MRN
R=Res D=Dec L=Lost			
FOLLOW UP PHYSICIAN DONOR ALIVE DATE OF DEATH CAUSE OF DEATH (Refer to the list on the back of this page)			
	Y=Yes N=No	Other	
MEDICAL RESULTS  RESTING BLOOD PRESSURE (mmHg)	PROT SERUM CREATI CREATININE RAT	ININE CREATININE	OTHER PROTEIN MEASURE (Write in)
Systolic Diastolic	(μmol/L) (g/m	ol) (g/mol)	
COMORBIDITIES AT FOLLO	, ,	o,	
NUMBER OF CIGARETTE HYPERTENSION DRUGS TAKEN SMOKING DIABETES			
REQUIRING TREATMENT (If Ye Y=Yes N=No	s)	C=Current   F=Former   N=Never	G=Gestational Diabetes  N=No  O=Type 1 - Insulin Dependent  P=Type 2 - Non-Insulin Requiring  Q=Type 2 - Insulin Requiring
RENAL PROBLEMS (Write in)			
Y=Yes N=No	(If Yes)	,	
VASCULAR DATE OF EVENT VASCULAR EVENT (Record from list below)			
Y=Yes N=No (If Yes)	1st	OTHER	
(11.00)	2nd		
PREGNANCY (Females)			
PREGNANCY  Y=Yes N=No (If Yes)  Since Donation	1 11	y Weeks	NO. WEEKS PREGNANT
COMMENTS			