

THIS SECTION FOR ALL PATIENTS

REGISTRY NUMBER 1 INITIAL 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 Y/N 8 SE. CREATININE AT ENTRY

9 COUNTRY OF BIRTH (If Australia or NZ - Tick box) 10 POSTCODE At Entry

AUST NZ OTHER COUNTRY (Please specify)

11 CO-MORBID CONDITIONS AT ENTRY

LATE REFERRAL 1-3 MTHS HEIGHT (cms) WEIGHT (kg)

Y=Yes N=No

CHRONIC LUNG CORONARY PERIPHERAL CEREBRO

Y=Yes N=No S=Supplied Y=Yes N=No

AT ENTRY LAST CURRENT

OTHER CO-MORBID CONDITIONS (Write in)

DIABETES N=No

O=Type 1 Insulin dependent

P=Type 2 Non Insulin requiring

Q=Type 2 Insulin requiring

12 CENTRE OF TREATMENT

HOSPITAL / CENTRE NAME (Write in or Tick if same) CENTRE CODE DATE TRANSFER

CURRENT LAST

Enter geographical location, at Death or End of Survey

13 COURSE OF TREATMENT COMPLETE ACCORDING TO CODE

seq. CODE	DAY	MTH	YR	REASON	seq. CODE	DAY	MTH	YR	REASON
1					18				
2					19				
3					20				
4					21				
5					22				
6					23				
7					24				
8					25				
9					26				
10					27				
11					28				
12					29				
13					30				
14					31				
15					32				
16					33				
17					34				

14 HEPATITIS C ANTIBODY

seq. CODE	DAY	MTH	YR	REASON	seq. CODE	DAY	MTH	YR	REASON
35					36				
37					38				

REASON FOR DIALYSIS MODALITY CHANGE from CAPD to APD / Any PD to HD / HD to any PD

Enter Reason for Change FROM Previous Modality TO Current Modality Refer to codes on back of form

15 CANCER EVER? Y/N

16 CAUSE OF DEATH (Record from list)

OTHER

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

18 PARENTHOOD

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

Y=Yes N=No

DATE OF LAST OUTCOME

If Yes, please complete a Parenthood Outcome form

THIS SECTION FOR ALL PATIENTS DIALYSED 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) (mmol/l) (mmol/l) (g/l) (iU) (ug/l)

(HD and PD Patients) (See instructions on the back of the form) Within last 3 mths of Survey or record not done

27 DIALYSER BRAND (Write in) BRAND NAME AND MODEL 28 BLOOD FLOW RATE (mls/min) 29 SESSIONS PER WEEK 30 HOURS PER SESSION 31 UREA REDUCTION or KtV Value

HAEMODIALYSIS (See list) (HD and PD Patients) (See instructions on the back of the form) Last Available Y=Yes N=No

32 ACCESS IN USE (Functioning only) AT LAST HD 33 PET TEST (Once only) 34 CONNECTION SYSTEM CODE

Enter for ALL PATIENTS ON HAEMODIALYSIS AT ANY TIME DURING THIS SURVEY PERIOD

FOR FISTULAS AND GRAFTS ONLY

DECLOTTED during Survey

1=Native 2=Synthetic 3=Turndial CV Catheter 4=Non Turndial CV Catheter

REVISED during Survey

1=Native 2=Synthetic 3=Turndial CV Catheter 4=Non Turndial CV Catheter

35 PERITONITIS DATE OF FIRST EPISODE

36 NUMBER OF EPISODES OF PERITONITIS During this Survey

37 TOTAL VOLUME OF WEEKLY CHANGES (Litres/week)

38 CREATININE CLEARANCE (Litres/week/1.73 m<sup>2</sup>) 39 WEEKLY KtV (Dialysate only) 40 RESIDUAL RENAL FUNCTION (Creatinine Clearance)

Adjusted for Body Surface Area (Litres/week/1.73 m<sup>2</sup>)

Adjusted for Body Surface Area (Litres/week/1.73 m<sup>2</sup>)

Adjusted for Body Surface Area (Litres/week/1.73 m<sup>2</sup>)

41 PD SOLUTIONS - Y=Yes N=No (Please fill in all boxes)

Glucose Icodextrin Low GDP Lactate Bicarbonate OTHER

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 HOSPITAL 44 REFERRING HOSPITAL 45 DONOR HOSPITAL 46 TRANSPLANT HOSPITAL 47 RECIPIENT ANTIBODY STATUS CMV EBV AT GRAFT 48 NUMBER REJECTION EPISODES THIS SURVEY (Complete acute rejection form for each episode)

1=Positive 2=Negative 3=Not done

49 DONOR DETAILS SOURCE AGE SEX 50 TOTAL ISCHAEMIA (hours) 51 IMMEDIATE FUNCTION IN GRAFT 52 DISEASE IN GRAFT 53 DATE FIRST PROVEN OTHER 54 CAUSE OF GRAFT FAILURE (at any time) (See list) (See list) (Record from list)

55 MONOCLONAL / POLYCLONAL THERAPY (Record from list)

56 TOTAL DAILY DRUG DOSE (mg)

TOTAL INITIAL DRUG 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
CVA															
AZA															
PRED															
TACKROL															
MIMF															
SIROL															
OTHER															

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

58 BODY WEIGHT (kg)

59 SERUM CREATININE (umol/L)

60 HLA TYPING RECIPIENT DONOR

BLOOD GROUP	A	B	DR	DQ
RECIPIENT				
DONOR				

62 PRA AND CROSSMATCH

MAXIMUM	CURRENT

FOR OFFICE USE ONLY

ANZDATA Registry 2010 Report

DATA COLLECTION FORM



**INSTRUCTIONS FOR DIALYSIS AND TRANSPLANTATION SURVEY COMPILATION  
PLEASE READ THE EXPLANATORY NOTES BEFORE COMMENCING TO FILL IN THE FORMS**  
Please complete the form using neat capitals

**5 - RACIAL ORIGIN**

- 1 Caucasian
- 2 Australian Aborigine
- 3 Chinese
- 4 Asian
- 5 African
- 6 Cook Islander
- 7 Samoan
- 8 Tongan
- 9 Pacific People - other (specify)
- 10 Torres Strait Islander
- 11 Indian
- 12 Indonesian
- 13 Malay
- 14 Filipino
- 15 Vietnamese
- 16 Other (specify)
- 99 Patient objects to answering question
- 00 Mixed race coded by patient's assessment

**6 - PRIMARY RENAL DISEASE**

Results of ANCA (Anti Neutrophil Cytoplasmic Antibody) test in association with glomerulonephritis should be entered in box marked OTHER

- 100 Presumed GN, type undetermined histologically (no biopsy)
- 110 Focal sclerosing GN (including hyalineosis)
- 111 Primary focal sclerosing GN or focal glomerular sclerosis
- 112 Secondary focal sclerosing GN
- 121 Mesangiocapillary GN with subepithelial deposits (double contour)
- 122 Mesangiocapillary GN with intramembranous deposits (dense deposit disease)
- 130 Membranous GN
- 140 Extra and intra capillary GN (extensive crescents - clinically rapidly progressive)
- 151 Mesangial proliferative (IgA+ positive)
- 152 Mesangial proliferative (IgA+ negative)
- 153 Mesangial proliferative (IgA- negative)
- 160 Focal and segmental proliferative GN (including focal necrotising)
- 170 Advanced GN (unclassified = end stage)
- 180 GN with systemic disease (specify)
- 181 Goodpasture's syndrome with linear IgG and lung haemorrhage
- 182 Proliferative GN with linear IgG - no lung haemorrhage
- 183 SLE
- 184 Henoch-Schönlein purpura
- 185 Wegener's granulomatosis
- 186 Microscopic Polyarteritis
- 190 Nephroses
- 191 Familial GN (specify Alport's - yes or no)
- 200 Analgesic nephropathy
- 300 Renal vascular disease due to malignant hypertension (NO primary renal disease)
- 301 Renal vascular disease - type unspecified
- 302 Renal vascular disease - due to hypertension (nephroses) (NO primary renal disease)
- 303 Atherosclerotic disease (cholesterol emboli)
- 304 Bilateral renal artery stenosis
- 400 Polycystic kidney disease
- 401 Polycystic disease
- 402 Infected polycystic kidney disease
- 500 Reflux nephropathy
- 600 Pyelonephritis
- 700 Calculi
- 701 Gout
- 801 Diabetes - Type 1 (insulin dependent)
- 802 Diabetes - Type 2 (non-insulin requiring)
- 803 Diabetes - Type 2 (insulin requiring)
- 000 Other (specify)
- 001 Uncertain diagnosis
- 002 Lead nephropathy
- 003 Acute tubular necrosis
- 004 Acute tubular necrosis
- 005 Acute tubular necrosis
- 006 Haemolytic uraemic syndrome
- 007 Cortical necrosis
- 008 Interstitial nephritis
- 009 Congenital renal hypoplasia and dysplasia
- 010 Loss of single kidney (specify - e.g. trauma, surgery)
- 011 Megaloureter
- 012 Oxalosis
- 013 Cystinosis
- 014 Balkan nephropathy
- 015 Renal cell carcinoma (GRANWITZ)
- 016 Transitional cell carcinoma or urinary tract carcinoma
- 017 Paraneoplastic (including multiple myeloma)

**INFECTIOIN**

Please enter code for nature of infective organism, after the code for site of infection. Please specify type of organism eg Staph, CMV, Candida, etc

- eg 327 Lung infection - bacterial (staph)  
322 Lung infection - viral (CMV)
- 31 CNS
  - 32 Lung
  - 33 Urinary tract
  - 34 Blood
  - 35 Pericard
  - 36 Peritonium

**CAUSE OF DEATH**

- 37 Septicaemia - site unknown (specify organism)
- 38 Liver (incl. viral hepatitis) (specify A, B, CMV, herpes, etc)
- 39 Other site (specify)

**SOCIAL**

- 40 Withdrawal for psycho-social reasons
- 41 Patient refused further treatment (specify reason)
- 42 Suicide
- 43 Accidental death (specify)
- 44 Accidental death (specify)
- 45 Withdrawal for cardiovascular comorbid conditions
- 46 Withdrawal for cerebrovascular comorbid conditions
- 47 Withdrawal for peripheral vascular comorbid conditions
- 48 Withdrawal related to malignancy
- 49 Withdrawal related to dialysis access difficulties (AVF, Tenckhoff, etc)

**MISCELLANEOUS**

- 50 Hepatic failure (specify)
- 51 Uremia caused by graft failure
- 52 Pancreatitis
- 53 Bone marrow depression
- 54 Cachexia
- 55 Malnutrition
- 56 Malnutrition
- 57 Perforation of abdominal viscus - peptic ulcer, diverticula, appendix
- 58 Dialysis dementia (aluminium)
- 59 Other (specify)
- 60 Immunodeficiency due to viral infection (specify organisms involved)
- 61 Chronic respiratory failure
- 62 Sclerosing peritonitis

**19 - TYPE OF DIALYSIS**

- 11 Haemodialysis - plate dialysers
- 12 Haemodialysis - hollow fibre dialysers
- 15 Haemofiltration
- 16 Haemodiafiltration
- 19 C.V.V.HD (Intensive Care Unit)
- 20 Peritoneal - bags no cycle
- 21 Peritoneal - continuous ambulatory (CAPD)
- 22 Peritoneal - intermittent cyclic (IPD)
- 23 Peritoneal - intermittent cyclic (IPD)
- 25 Peritoneal - other (specify)

**20 - DRY WEIGHT**

At end of survey, transplantation or death.

**21 - UNCORRECTED CALCIUM**

Not corrected for albumin  
Midweek, predialysis and closest to end of survey, transplantation or death.

**22 - PHOSPHATE**

Midweek, predialysis and closest to end of survey, transplantation or death.

**23 - HAEMOGLOBIN**

Midweek, predialysis and closest to end of survey, transplantation or death.

**31 - URR or Kt/V** Please enter method used

- A Urea Reduction Ratio % (URR%)
- B Kt/V by BIOSTAT
- C Kt/V by UM
- D Kt/V by DAUGHRADAS - single pool
- E Kt/V (for HD patients) Range 0.5 - 2.2

**UREA REDUCTION RATIO %**

(Pre dialysis urea - post dialysis urea) / x 100 = URR%  
Pre dialysis urea

Blood should be drawn from the 'arterial' needle immediately prior to dialysis, at a mid-week dialysis session

**Post-dialysis urea:**

Blood is again drawn from the 'arterial' needle and this should occur within 20 seconds after cessation of the blood pump (alternatively the pump can be turned down to 50 ml/min) - this is to avoid problems with recirculation

**32 - ACCESS IN USE**

Type at First HD - leave blank if initial renal replacement treatment was not haemodialysis.

Type at Last HD - enter for all patients on haemodialysis at any time during the survey. Enter the procedure closest to the end of survey, change to PD, transplantation, or death.

**33 - PET TEST** (Required Once Only per patient)  
Standard Peritoneal Dialysis Equilibration Test performed 1-6 months after initiation of PD (2.5% 2 litre exchanges)

Provides dialysis/plasma creatinine at 4 hours  
Range 0.1 - 1.2

**38 to 40 - PD CLEARANCE STUDIES**  
Generated from a 24 hour collection of PD effluent and urine

NOTE: Dialysate Creatinine Clearance and Kt/V both refer to dialysis clearances ONLY (NOT the total of dialysis and renal clearances)

**38 CREATININE CLEARANCE (Dialysate only)**  
Range 10 - 200 litres/week  
Litres/Week / 1.73m<sup>2</sup> Body Surface Area

**39 WEEKLY Kt/V (Dialysate only)** Range 0.1 - 5.0

**40 RESIDUAL RENAL FUNCTION (Creatinine Clearance)**  
Litres/Week / 1.73m<sup>2</sup> Body Surface Area

**49 - SOURCE OF DONOR KIDNEY**

- 1 Deceased Donor
- 2 Spouse (if twin, record 6 or 7)
- 3 Brother (if twin, record 6 or 7)
- 4 Mother
- 5 Father
- 6 Monozygotic (identical) twin
- 7 Dizygotic (non-identical) twin
- 8 Other related living donor (specify)
- 9 Son
- 10 Daughter
- 11 Husband
- 12 Wife
- 13 Cousin
- 14 Unrelated living donor (specify)

**50 - TOTAL ISCHAEMIA (HOURS)**  
From time of donor renal artery interruption or aortic clamp, unit time of release of renal artery in the recipient (clamp off)

**51 - IMMEDIATE FUNCTION**

- 1 Spontaneous fall in se creatinine by 10% within 24 hours recorded between 25-72 hours
- 2 Spontaneous fall in se creatinine by 10%, first recorded between 25-72 hours
- 3 Poor immediate function. No spontaneous fall in se creatinine within 72 hours, but no dialysis needed
- 4 No immediate function. No spontaneous fall (> 10%) in se creatinine; dialysis required within 72 hours

**52 - DISEASE IN GRAFT HISTOLOGICALLY PROVEN**  
Complete this section for FUNCTIONING or FAILED GRAFTS

Please enter Date first proven (e.g. Graft Biopsy)

- Y** = Disease recurrence  
**D** = De novo glomerulonephritis  
**G** = Glomerulonephritis in graft  
**P** = BK virus nephropathy in graft  
**R** = Primary renal disease and disease in graft the same  
**S** = Primary renal disease known and not the same  
**O** = Glomerulonephritis in graft  
**U** = Primary renal disease unknown or not biopsied

In cases of glomerulonephritis, where histological confirmation of recurrence may be uncertain, enter as G

**54 - CAUSE OF GRAFT FAILURE**

**REJECTION**

- 1 Hyperacute rejection (within 48 hours of transplantation)
- 2 Acute rejection at anastomosis causing graft failure
- 3 Chronic allograft nephropathy (slow progressive loss of renal function, not due to recurrent original disease or acute rejection)

**VASCULAR**

- 50 Renal artery stenosis
- 51 Renal artery thrombosis
- 52 Renal vein thrombosis
- 53 Renal vessel haemorrhage (primary)
- 54 Renal vessel haemorrhage (secondary)
- 55 Embolus - thrombo
- 56 Embolus - cholesterol
- 57 Haemolytic uraemic syndrome

**TECHNICAL**

- 60 Non-viable kidney (due to pre-transplant cortical necrosis)
- 61 Cortical necrosis post transplant (not due to rejection)
- 70 Ureteric and bladder problems

**GLOMERULONEPHRITIS**

- 82 Mesangiocapillary GN with subendothelial deposits
- 83 Mesangiocapillary GN with intramembranous deposits
- 84 Focal sclerosing GN (including hyalineosis)
- 85 Membranous GN
- 86 Mesangial proliferative GN (IgA positive)
- 87 Goodpasture's syndrome
- 88 Intra and extra capillary GN with extensive crescents (clinically rapidly progressive)
- 89 Other (specify)

**DRUG THERAPY**

- 90 Complication of drug therapy requiring reduction or withdrawal of second and/or immunosuppressants
- 91 Non-compliance with therapy - causing graft failure
- 92 Rejection following US reduction due to malignancy
- 93 Rejection following US reduction due to infection

**MISCELLANEOUS**

- 01 Other (specify)
- 02 Donor malignancy
- 03 Malignancy invading graft
- 06 BK virus nephropathy

**55 - MONOCLONAL / POLYCLONAL THERAPY**

Record in order of administration, each separate course of such drugs; a second course of the same drug should be separately recorded  
Complete the requested details regarding, date, identity of drug, number of doses given, and reason for administration, according to the following codes

**TYPE OF AGENT**  
2 Daclizumab (Zenepax)  
4 OKT3  
5 Intravenous immunoglobulin  
6 Basiliximab (Simulect)  
7 Rituximab  
8 Polyclonal anti T cell

**NUMBER OF DOSES**  
Record actual number of doses given

**REASON FOR USE**

- 1 Prophylaxis
- 7 Treatment for acute rejection
- 8 Other (specify)

**56 - TOTAL DAILY DRUG DOSE**

Enter the total daily dose for each drug where applicable; if an unlisted drug is used, enter the name in the space provided marked OTHER

Only those drugs taken at the listed intervals should be entered; where necessary provide the dose recorded on the closest day preceding the requested time interval  
The initial drug dose (at zero months) is the first oral maintenance dose; do NOT enter the intravenous loading doses administered at or shortly after transplantation

(2007)