



# ANZDATA Registry Living Kidney Donation Registry

## Pre-Donation Data

### LIVING DONOR DETAILS

<b>LIVING DONOR NUMBER</b>	<b>REFERRING PARENT RENAL UNIT/ MRN</b>	<b>PHYSICIAN</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>DONOR SURNAME</b>	<b>DONOR GIVEN NAME</b>	<b>DATE OF BIRTH</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>COUNTRY OF BIRTH</b>	<b>ETHNICITY 1</b>	<b>ETHNICITY 2</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>DONOR RELATIONSHIP TO RECIPIENT</b>		<b>POSTCODE</b>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
<small>Code</small>	<small>Description (refer to Source of Donor Kidney list on back of the form)</small>	

### RECIPIENT DETAILS

<b>ANZDATA NUMBER</b>	<b>RECIPIENT SURNAME</b>	<b>RECIPIENT GIVEN NAME</b>	<b>DATE OF BIRTH</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

### PRE DONATION ASSESSMENT

<b>HEIGHT</b>	<b>WEIGHT</b>	<b>CIGARETTE SMOKING</b>	<b>FAMILY Hx</b>	<b>DIABETES</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
<small>cm</small>	<small>kg</small>	<small>C = Current F = Former N = Never</small>	<small>Y = Yes N = No U = Unknown</small>	<small>G = Gestational Diabetes N = No O = Type 1 - Insulin Dependent P = Type 2 - Non Insulin-Required Q = Type 2 - Insulin Requiring</small>	
<b>HYPERTENSION</b>	<b>NUMBER OF ANTI-HTN DRUGS</b>	<b>RESTING BLOOD PRESSURE</b>		<b>HbA1c</b>	<b>GLUCOSE TOLERANCE TEST (GTT RESULT)</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>Y=Yes N=No</small>		<small>Systolic (mmHg)</small>	<small>Diastolic (mmHg)</small>	<small>(%)</small>	<small>(IFCC mmol/mol)</small>
					<small>Fasting BGL</small>
					<small>2 Hour BGL</small>
					<small>Enter N If not done</small>

### OTHER CO-MORBID CONDITIONS (Write in)

<b>SERUM CREATININE</b>	<b>UREA</b>	<b>GFR METHOD</b>	<b>MEASURED GFR</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>µmol/L</small>	<small>mmol/L</small>	<small>C = 24 Hour Creatinine Clearance I = Ioxehol / Iothalamate O = Other (Specify) R = Radio Labelled (Dtpa/Edta)</small>	<small>mL/min (Not BSA corrected)</small>
<b>HOURLY PROTEIN RESULT</b>	<b>PROTEIN CREATININE RATIO</b>	<b>ALBUMIN CREATININE RATIO</b>	<b>OTHER PROTEIN MEASURE</b>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<small>mg/day</small>	<small>g/mol</small>	<small>g/mol</small>	

### COMMENTS



# ANZDATA Registry

## Living Kidney Donation Registry

### Pre-Donation Data

#### Ethnicity 1 & 2

0000	Response Unidentifiable
0001	Not Stated
1101	Oceanian - Australian
1102	Oceanian - Australian Aboriginal
1103	Oceanian - Australian South Sea Islander
1104	Oceanian - Torres Strait Islander
1201	Oceanian - New Zealand Maori
1202	Oceanian - New Zealand European
1300	Oceanian - Melanesian And Papuan (Specify)
1400	Oceanian - Micronesian (Specify)
1500	Oceanian - Polynesian (Specify)
1501	Cook Islander
1502	Fijian
1503	Niuean
1504	Samoan
1505	Tongan
1508	Tokelauan
2000	North-West European (Specify)
3000	Southern and Eastern European (Specify)
3103	Southern and Eastern European - Italian
3205	Southern and Eastern European - Greek
4000	North African and Middle Eastern (Specify)
4100	North African and Middle Eastern - Arab (Specify)
4907	North African and Middle Eastern - Turkish
5000	South-East Asian (Specify)
5107	South-East Asian - Vietnamese
5201	South-East Asian - Filipino
5202	South-East Asian - Indonesian
5205	South East Asian - Malay
6000	North - East Asian (Specify)
6101	North - East Asian - Chinese
7000	Southern and Central Asian (Specify)
7100	Southern Asian, nfd
7106	Southern and Central Asian - Indian
7200	Central Asian, nfd
8100	North American (Specify)
8105	Hispanic North American
8200	South American (Specify)
8300	Central American (Specify)
8400	Caribbean Islander (Specify)
9000	Sub-Saharan African (Specify)
9999	Other (Specify)

#### Relationship to Recipient

100	Deceased
200	Sister
201	Brother
202	Mother
203	Father
204	Monzygotic (Identical Twin Girl)
205	Monzygotic (Identical Twin Boy)
206	Dizygotic (Non-Identical Twin Girl)
207	Dizygotic (Non-Identical Twin Boy)
208	Daughter
209	Son
210	Grandmother
211	Grandfather
212	Cousin
213	Niece
214	Nephew
215	Aunt
216	Uncle
217	Other related (Genetically - Specify)
300	Wife
301	Husband
302	Partner
303	Fiance / Fiancee
304	Mother-in-law
305	Father-in-law
306	Stepmother
307	Stepfather
308	Stepsister
309	Stepbrother
310	Sister-in-law
311	Brother-in-law
312	Daughter-in-law
313	Son-in-law
314	Stepdaughter
315	Stepson
316	Friend
317	Other related (Emotionally - Specify)
401	Non-directed, waiting list
402	Non-directed, kidney exchange
403	Directed kidney exchange
404	Pathological
405	Other unrelated (Specify)



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## Living Kidney Donation Registry

### Operative Data

#### DONOR DETAILS

LIVING DONOR NUMBER	DONOR SURNAME	DONOR GIVEN NAME	DATE OF BIRTH
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF DONATION	Donor Facility	Donor MRN	Surgeon	RECIPIENT ANZDATA NUMBER	Transplant Facility
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### OPERATION DETAILS

WHICH KIDNEY	TYPE OF OPERATION	APPROACH	ARTERIES	VEINS	URETERS
<input type="text"/> L=Left R=Right	<input type="text"/> H=Hand Assisted L=Laparoscopic O=Open	<input type="text"/> E=Extraperitoneal R=Retroperitoneal T=Transperitoneal	<input type="text"/>	<input type="text"/>	<input type="text"/>

OTHER OPERATION DETAIL (Write In)

#### ADVERSE EVENTS

INFECTION	SITE	OTHER SITE (Write In)
<input type="text"/> Y=Yes N=No	(If Yes) <input type="text"/> L=Lung O=Other (Specify) U=Urine W=Wound	<input type="text"/>

POST OP URINE CULTURE?	INFECTION (If Yes)	ORGANISM	OTHER ORGANISM (Write In)
<input type="text"/> Y=Yes N=No	(If Yes) <input type="text"/> Y=Yes N=No	<input type="text"/> E=E.Coli K=Klebsiella N=Not Isolated O=Other (Specify) T=Enterococcus	<input type="text"/>

#### FURTHER ADVERSE EVENTS

FURTHER ADEVERSE EVENTS (Write In)

<input type="text"/> A=Ami D=Deep Vein Thrombosis H=Haemorrhage (Requiring Transfusion) N=None O=Other (Specify) P=Pulmonary Embolus	<input type="text"/>
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#### DISCHARGE

DAYS IN HOSPITAL	DISCHARGE CREATININE	HOSPITAL RESPONSIBLE FOR FOLLOWING UP DONOR FOR LONG-TERM COMPLICATIONS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	( $\mu\text{mol/L}$ )	Facility	MRN

COMMENTS



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## 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=Response    N=No Response D=Deceased    W=Withdrawn L=Lost to Follow Up			

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)	SERUM CREATININE	PROTEIN CREATININE RATIO	ALBUMIN CREATININE RATIO	OTHER PROTEIN MEASURE (Write in)
Systolic      Diastolic	(µmol/L)	(g/mol)	(g/mol)	

#### COMORBIDITIES AT FOLLOW UP

HYPERTENSION	NUMBER OF DRUGS TAKEN	CIGARETTE SMOKING	DIABETES
REQUIRING TREATMENT Y=Yes N=No	(If Yes)	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

RENAL PROBLEMS	RENAL PROBLEMS (Write in)
Y=Yes N=No	(If Yes)

#### VASCULAR EVENT

VASCULAR EVENT	DATE OF EVENT	VASCULAR EVENT (Record from list below)
Y=Yes N=No		OTHER
(If Yes)	1st	
	2nd	

#### PREGNANCY (Females)

PREGNANCY	OUTCOME	DATE OF OUTCOME	NO. WEEKS PREGNANT
Y=Yes N=No	A=Spontaneous Abortion (<20 Weeks) I=In Progress L=Live Delivery S=Stillbirth >20 Weeks T=Surgical Termination		
(If Yes)			
Since Donation			

#### COMMENTS