AUS. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

THIS SECTION FOR ALL PATIENTS (FORM A3)

REGISTRY NUMBER | INITIAL HOSPITAL | | CURRENT PARENT HOSPITAL | |

	Hospital / State	Hospital Unit No.	Hospital / State	Hospital Unit No.	Physician

SURNAME | GIVEN NAMES | DATE OF BIRTH | GENDER

PRIMARY RENAL DISEASE (Record from list) | BIOPSY | SE.CREATININE | LATE REFERRAL | HEIGHT (cm) | WEIGHT (kg)

OTHER -

Y / N

<3 MONTHS BEFORE FIRST TREATMENT (Y/N)

COUNTRY OF BIRTH (If Australia or NZ - Tick box) | ETHNICITY 1 (Record from list) | ETHNICITY 2 (Record from list) | CIGARETTE SMOKING

AUST | NZ | OTHER COUNTRY (Specify) | CODE | OTHER (specify) | CODE | OTHER (specify)

(required) (optional)

N=Never F=Former C=Current

CO-MORBID CONDITIONS AT ENTRY

DISEASE AT ENTRY AND DURING CURRENT SURVEY

Y=Yes N=No S=Suspected	CHRONIC LUNG	CORONARY ARTERY	PERIPHERAL VASCULAR	CEREBRO VASCULAR	DIABETES (see codes)	CALCIPHYLAXIS EPISODE	POSTCODE
AT ENTRY							
LAST							
CURRENT						dd/mm/yy	

Registry Trials - Not Applicable

Non-Registry Trials

OTHER CO-MORBID CONDITIONS (Write in)

AT ENTRY OR PREVIOUS SURVEYS	
CURRENT	

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			

HEPATITIS C ANTIBODY

REASON FOR DIALYSIS MODALITY CHANGE from -
CAPD to APD / APD to CAPD / 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

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

COURSE OF TREATMENT

COMPLETE ACCORDING TO CODE

E APD / IPD
M CAPD
BC HD Hospital-Conventional
BQ HD Hospital-Quotidian
DC HD Satellite-Conventional
DQ HD Satellite-Quotidian
YC HD Community-Conventional
YQ HD Community-Quotidian
FC HD Home-Conventional
FQ HD Home-Quotidian
G Transplant in AUST/NZ
H Date of last post graft dialysis
X Transplant Overseas
T Graft function ceased-Temporary
P Graft function ceased-Permanent
J Own kidney function recovered. Dialysis ceased
K Date of last visit if lost to follow up
W Withdrawal from Dialysis
Z Date of Death

SEQ	CODE	DAY	MTH	YR	REASON	SEQ	CODE	DAY	MTH	YR	REASON	SEQ	CODE	DAY	MTH	YR	REASON
1						16						31					
2						17						32					
3						18						33					
4						19						34					
5						20						35					
6						21						36					
7						22						37					
8						23						38					
9						24						39					
10						25						40					
11						26						41					
12						27						42					
13						28						43					
14						29						44					
15						30						45					

CAUSE OF DEATH (Record from list)

GRAFT SUSTAINING LIFE? (Y/N)

Without dialysis at time of death

CANCER EVER (Y/N)

Complete a Cancer Form (Form CA) for all non-skin and skin cancers.

COMPLETE ALL RELEVANT SECTIONS IN THE EVENT OF THE PATIENT HAVING MORE THAN ONE TREATMENT IN THE SURVEY PERIOD.

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

See instructions on the back of the form

TYPE OF DIALYSIS	SELF CARE	DRY WEIGHT AT LAST DX kg	UNCORRECTED CALCIUM mmol/L	PHOSPHATE mmol/L	HAEMOGLOBIN g/L	EPO AGENT	FERRITIN µg/L	SATURATION IRON % (Transferrin Saturation)
(see list)	Y=Yes N=No	HD and PD Patients			Last Available	Y=Yes N=No	Within last 3 months of Survey or record not done	

HAEMODIALYSIS

ACCESS IN USE (Functioning only)

DIALYSER BRAND (Write In) | BFR mL/min | HDF VOLUME (L) | SESSIONS / WEEK | HOURS / SESSION | UREA REDUCTION or Kt/V | FIRST HD | AT LAST HD

CODE | BRAND NAME AND MODEL | Method | Value

(If on HDF) (See list)

1=Native
2=Synthetic
3=Tunnel CVC
4=Non Tunnel CVC

PERITONEAL DIALYSIS

CONNECTION SYSTEM | WEEKLY EXCHANGES TOTAL VOLUME | PD SOLUTIONS (Y=Yes N=No) (Please fill in all boxes) | PERITONITIS | NUMBER OF PERITONITIS EPISODES DURING SURVEY

CODE | (Write In) | Litres/week | Glucose | Icodextrin | Low GDP | DATE OF FIRST EPISODE

Complete Peritonitis Episode Form (Form PE) for any episodes during the survey

PET TEST (Once only) **Within first 6 mths** | **CREATININE CLEARANCE Dialysate ONLY** | **WEEKLY Kt/V Dialysate ONLY** | **RESIDUAL RENAL FUNCTION** Creatinine Clearance | Residual Urine Volume

Dx/Plasma Creatinine at 4 hours

Litres/week/1.73m² Range 10-200 Litres/Week

Adjusted for Body Surface Area

Range 0.1 - 5.0

Litres/week/1.73m²

Adjusted for body Surface Area

mL/24 hrs

CURRENT GRAFT

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

GRAFT NUMBER | DATE OF THIS TRANSPLANT | REFERRING HOSPITAL | DONOR HOSPITAL | TRANSPLANT HOSPITAL | RECIPIENT ANTIBODY (Status at Graft) CMV EBV

1 = Positive
2 = Negative
3 = Not done

ANASTOMOSIS SITE
Complete a Surgical Form (Form SU)

L = Left
R = Right

DONOR DETAILS SOURCE | AGE | SEX | TOTAL ISCHAEMIA (Hours) | IMMEDIATE FUNCTION (See list) | DISEASE IN GRAFT (See list) | DATE FIRST PROVEN (eg. Graft biopsy) | GRAFT FAILURE CAUSE (Record from list) OTHER - | Serum Creatinine at Graft Failure

MONOCLONAL / POLYCLONAL THERAPY (Record from list)

NUMBER OF REJECTION EPISODES

Complete Acute Rejection Form (Form RE) for each episode during the survey

COURSE	DATE			AGENT	OTHER	NO OF DOSES GIVEN	REASON	OTHER
1st								

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	40 Yr	45 Yr	50 Yr
AZA																		
CYA																		
PRED																		
MMF																		
MPA																		
SIROL																		
TACROL																		

WEIGHT(kg)

SERUM CREATININE (µmol/L)

PARENTHOOD (Y/N)

Complete the Pregnancy Outcome Form (Form PH), if patient has become pregnant or fathered a child during this survey

PAEDIATRIC ASSESSMENT (Y/N)

Complete Paediatric Assessment Form (Form PA) for any assessment during the survey

Kidney Health Australia

ANZ DATA

ETHNICITY

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)

PRIMARY RENAL DISEASE

100 Presumed GN (No Biopsy)
110 Focal Sclerosing GN (Including Hyalinosis)
111 Primary Focal Sclerosing GN or Focal Glomerular Sclerosis
112 Secondary Focal Sclerosing GN
121 Mesangiocapillary GN (Double Contour)
122 Mesangiocapillary GN (Dense Deposit Disease)
130 Membranous GN
140 Extra and Intra Capillary GN (Rapidly Progressive)
151 Mesangial Proliferative (Iga+)
152 Mesangial Proliferative (Iga-)
153 Mesangial Proliferative (No If Studies)
160 Focal and Segmental Proliferative GN
170 Advanced GN (Unclassified=End Stage)
180 GN With Systemic Disease (Specify)
181 Goodpastures with Linear IgG and Lung Haemorrhage
182 Proliferative GN with Linear IgG and No Lung Haemorrhage
183 S.L.E.
184 Henoch-Schonlein Purpura
185 Wegeners Granulomatosis
186 Microscopic Polyarteritis
187 Scleroderma
190 GN Other (Specify)
191 Familial GN (Including Alports)
200 Analgesic Nephropathy
300 Renal Vascular Disease (Malignant Hypertension) No prd
301 Renal Vascular Disease-Type Unspecified
302 Renal Vascular Disease-Hypertension (Nephrosclerosis)
303 Atheroembolic Disease (Cholesterol Emboli)
304 Bilateral Renal Artery Stenosis
400 Polycystic Kidney Disease
401 Medullary Cystic Disease
402 Infantile/Juvenile Polycystic Kidney Disease
500 Reflux Nephropathy
600 Pyelonephritis
700 Calculi
701 Gout
801 Diabetes Type I (Insulin Dependent)
802 Diabetes Type II (Non-Insulin Requiring)
803 Diabetes Type II (Insulin Requiring)
000 Other (Specify)
001 Uncertain Diagnosis
002 Lead Nephropathy
003 Cadmium Toxicity
004 Renal Tuberculosis
005 Amyloid Disease
006 Haemolytic Uraemic Syndrome

PRIMARY RENAL DISEASE Continued...

007 Cortical Necrosis
008 Interstitial Nephritis
009 Congenital Renal Hypoplasia and Dysplasia
010 Loss of Single Kidney (Trauma-Surgery)
011 Megaureter
012 Oxalosis
013 Cystinosis
014 Balkan Nephropathy
015 Renal Cell Carcinoma (GRAWITZ)
016 Transitional Cell Carcinoma Urinary Tract
017 Paraproteinaemia (Including Multiple Myeloma)
018 Light Chain Nephropathy (Not Malignant)
019 Lithium Toxicity
020 Post Partum Nephropathy
021 Sarcoidosis
031 Posterior Urethral Valves
032 Pelvi-Ureteric Junction Obstruction
033 Obstructed Megaureter
034 Neuropathic Bladder
035 Non-Obstructed Dilated Bladder (Megacystitis-Megaureter)
036 Spina Bifida or Myelomeningocoele
037 Bladder Neck Obstruction (incl. Prostatiomegaly)
039 Other Lower Urinary Tract Abnormalities (with 2nd.Reflux)
040 Ureteric Obstructive Nephropathy
041 Obstructive Nephropathy
042 Calcineurin Inhibitor Toxicity

REASON FOR MODALITY CHANGE
From CAPD to APD
From APD to CAPD
From any form of PD to HD
From HD to any form of PD

10 Recurrent/Persistent Peritonitis
11 Acute Peritonitis
15 Tunnel/Exit Site Infection
16 Diverticulitis
20 Inadequate Solute Clearance
21 Inadequate Fluid Ultrafiltration
22 Excessive Fluid Ultrafiltration
27 Abdominal Abscess
30 Dialysate Leak
31 Catheter Block
32 Haemoperitoneum
33 Catheter Fell Out
35 Hernia
36 Abdominal Pain
40 Abdominal Surgery
41 Sclerosing Peritonitis
43 Multiple Adhesions
44 Pregnancy
45 Haematuria
46 Pleural Effusion
47 Cardiovascular
48 Geography
49 Vascular Access
50 Patient Preference
51 Unable to Manage Self-Care
81 Transfer Outside Australia or NZ
82 Other Surgery
83 Hydrothorax
85 Poor Nutrition
86 Scrotal Oedema
90 Planned Transfer After Acute PD Start
91 Planned Transfer After Acute HD Start
99 Other (Specify)

TYPE OF DIABETES
N= No
O= Type 1 - Insulin dependant
P= Type 2 - Non-Insulin requiring
Q= Type 2 - Insulin requiring

CAUSE OF DEATH

CARDIAC

10 Myocardial Ischaemia (Presumed)
11 Myocardial Ischaemia And Infarction
12 Pulmonary Oedema
13 Hyperkalaemia
14 Haemorrhagic Pericarditis
15 Hypertensive Cardiac Failure
16 Cardiac Arrest-Cause Uncertain
17 Other Causes Cardiac Failure (Specify)

VASCULAR

21 Pulmonary Embolus
22 Cerebrovascular Accident
23 Gastrointestinal Haemorrhage
24 Haemorrhage From Dialysis Access Site
25 Haemorrhage From Transplant Artery
26 Aortic Aneurysm-Rupture
27 Haemorrhage From Elsewhere (Specify)
28 Bowel Infarction

CAUSE OF DEATH continued...

INFECTION
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.
e.g. 321 Lung infection - bacterial (staph)
322 Lung infection - viral (CMV)

31 CNS
32 Lung
33 Urinary tract
34 Wound
35 Shunt
36 Peritoneum
37 Septicaemia - site unknown (specify organism)
38 Liver (incl. viral Hepatitis) (specify A, B, CMV, herpes,etc)
39 Other site (specify)

1 Bacterial
2 Viral
3 Fungal
4 Protozoa
5 Other

SOCIAL

40 Withdrawal-Psycho Social Reasons
41 Patient Refused Treatment (Specify)
42 Suicide
43 Therapy Ceased Other Reasons (Specify)
44 Accidental Death (All Causes) Specify
45 Withdrawal-Cardiovascular Comorbid Conditions
46 Withdrawal-Cerebrovascular Comorbid Conditions
47 Withdrawal-Peripheral Vascular Comorbid Conditions
48 Withdrawal-Malignancy
49 Withdrawal-Dialysis Access Difficulties

MISCELLANEOUS

50 Hepatic Failure (Specify)
51 Uraemia Caused by Graft Failure
52 Pancreatitis
53 Bone Marrow Depression
54 Cachexia
55 Unknown
56 Malignant Disease
57 Perforation Abdominal Viscus
58 Dialysis Dementia (Aluminium)
59 Other (Specify)
60 Immunodeficiency Due to Viral Infection (Specify)
61 Chronic Respiratory Failure
62 Sclerosing Peritonitis

TYPE OF DIALYSIS

12 Haemodialysis
161 HDF-Predilution
162 HDF-Mixed-Dilution
163 HDF-Postdilution
19 C.V.V.HD (Intensive Care Unit)
21 Peritoneal - Continuous Ambulatory (CAPD)
22 Peritoneal - Automated (APD)

DRY WEIGHT
At end of survey, prior to transplantation or death.

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

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

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

URR or Kt/V Please enter method used

A Urea Reduction Ratio % (URR)
B Kt/V (By Biostat)
C Kt/V (By UKM)
D Kt/V (By Daugirdas - Single Pool)
E Kt/V (Other Method, Specify)

Kt/V (for HD patients) Range 0.5-2.2

Urea Reduction %
(Pre dialysis urea - post dialysis urea)x100=**URR%**
Pre dialysis urea

ACESS IN USE
At First HD - First Haemodialysis at any time.
At Last HD - Enter for all patients on Haemodialysis at any time during the survey. Enter the procedure closest to the end of the survey, change to PD, transplantation, or death.

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)
Provide dialysis/plasma creatinine at 4 hours.
Range 0.1-1.2

PD CLEARANCE STUDIES
Generated from a 24 hour collection of PD effluent and urine.
NOTE: Dialysate Creatinine Clearances and Kt/V both refer to dialysis clearances ONLY (NOT the total of dialysis and renal clearances).

CREATININE CLEARANCE (Dialysate only)
Range 10-200 litres/week
Litres/week/1.73m² Body Surface Area

DIALYSATE WEEKLY Kt/V - Range 0.1 - 5.0

RESIDUAL RENAL CLEARANCE
(Creatinine Clearance)
Litres/week/1.73m² Body Surface Area

SOURCE OF DONOR KIDNEY

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)

TOTAL ISCHAEMIA (HOURS)
From time of donor renal artery interuption or aortic clamp, until time of release of renal artery in the recipient (clamp off).

IMMEDIATE FUNCTION

10 Immediate Function (Fall in creatinine of at least 30% by day 2 post-transplant)
20 Slow Function (Failure of creatinine to fall by at least 30% by day 2 post-transplant, but not requiring dialysis)
30 Delayed graft function (Requiring dialysis within 7 days of transplant) - Date of last post-transplant dialysis is required

DISEASE IN GRAFT (Histologically proven)
Complete this section for FUNCTIONING or FAILED GRAFTS

B BK Virus Nephropathy in Graft
Y Disease Recurrence - Primary Renal Disease and Disease in Graft the same
D De Novo Glomerulonephritis - Primary Renal Disease Known and not the Same
G Glomerulonephritis in Graft - Primary Renal Disease Unknown or Not Biopsied

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

CAUSE OF GRAFT FAILURE

REJECTION

10 Hyperacute Rejection (within 48 Hrs Transplantation)
20 Acute Rejection at anytime Causing Graft Failure
41 Chronic Antibody Mediated Rejection
42 Interstitial Fibrosis/Tubular Atrophy
43 Gradual Graft Failure (Biopsy Not Performed)

VASCULAR

50 Renal Artery Stenosis
51 Renal Artery Thrombosis
52 Renal Vein Thrombosis
53 Haemorrhage (Primary)
54 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 (Dense Deposit Disease)
84 Focal Sclerosing GN (Including Hyalinosis)
85 Membranous GN
86 Mesangial Proliferative (IgA Positive)
87 Goodpastures Syndrome
88 Intra and Extra Capillary GN (Clinically Rapidly Progressive)
89 Glomerulonephritis Other (Specify)

DRUG THERAPY

90 Complications of Drug Therapy Requiring Reduction or Withdrawal of Steroid and/or Immunosuppressants
91 Non Compliance with Therapy - Causing Graft Failure
92 Rejection Following I/S Reduction Due to Malignancy
93 Rejection Following I/S Reduction Due to Infection

MISCELLANEOUS

00 Miscellaneous Other (Specify)
01 Donor Malignancy
02 Malignancy Invading Graft
05 BK Virus Nephropathy

MONOCLONAL/POLYCLONAL THERAPY
Record in order of administration, each seperate course of such drugs; a second course of the same drug should be seperately recorded.
Complete the requested details regarding, date, identity of drug, number of doses given, and reason for administraton, according to the following codes.

TYPE OF AGENT

2 Daclizumab (Zenepax)
4 OKT3
5 Intravenous Immunoglobulin
6 Basilixmab
7 Rituximab
8 Polyclonal Anti T Cell
9 Other Monoclonal (Specify)

NUMBER OF DOSES
Record actual number of doses given

REASON FOR USE
1. Prophylaxis
7. Treatment for acute rejection
8. Other (specify)

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 provided the dose recorded on the closest day proceding 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.

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