

AUS. & N.Z. DIALYSIS AND TRANSPLANT SURVEY

THIS SECTION FOR ALL PATIENTS (FORM A3)

REGISTRY NUMBER	INITIAL HOSPITAL Hospital / State	CURRENT PARENT HOSPITAL Hospital Unit No. Hospital / State Hospital Unit No.			Physician
SURNAME	GIVEN NAMES		DATE OF BIRTH	GENDER	
PRIMARY KIDNEY DISEASE (Record from list)	BIOPSY Y / N	SE.CREATININE	LATE REFERRAL <3 MONTHS BEFORE FIRST TREATMENT (Y/N)	HEIGHT (cm)	WEIGHT (kg)
COUNTRY OF BIRTH (If Australia or NZ - Tick box) AUST NZ OTHER COUNTRY (Specify)	ETHNICITY 1 (Record from list) CODE OTHER (specify)	ETHNICITY 2 (Record from list) CODE OTHER (specify)	CIGARETTE SMOKING N=Never F=Former C=Current		

CO-MORBID CONDITIONS

DISEASE AT ENTRY, LAST 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							

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	CURRENT	HOSPITAL / CENTRE NAME (Write in or tick if same)	CENTRE CODE	DATE TRANSFER
	LAST			

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	HEPATITIS C ANTIBODY 1=Positive 2=Negative 3=Not done	CURRENT	LAST
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COURSE OF TREATMENT

COMPLETE ACCORDING TO CODE	SEQ	CODE	DAY	MTH	YR	REASON	SEQ	CODE	DAY	MTH	YR	REASON	SEQ	CODE	DAY	MTH	YR	REASON
E APD / IPD	1						16						31					
M CAPD	2						17						32					
B Hospital HD	3						18						33					
D Satellite HD	4						19						34					
F Home HD	5						20						35					
Y HD Community House	6						21						36					
G Transplant in AUST/NZ	7						22						37					
H Date of last post graft dialysis	8						23						38					
X Transplant Overseas	9						24						39					
T Graft function ceased-Temporary	10						25						40					
P Graft function ceased-Permanent	11						26						41					
J Own kidney function recovered.	12						27						42					
Dialysis ceased	13						28						43					
K Date of last visit if lost to follow up	14						29						44					
W Withdrawal from Dialysis	15						30						45					
Z Date of Death																		

CAUSE OF DEATH (Record from list)	GRAFT SUSTAINING LIFE? (Y/N)	CANCER EVER (Y/N)
	Without dialysis at time of death	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 (see list)	SELF CARE DIALYSIS Y=Yes N=No	DRY WEIGHT AT LAST DX kg HD and PD Patients	UNCORRECTED CALCIUM mmol/L	PHOSPHATE mmol/L	HAEMOGLOBIN g/L Last Available	EPO AGENT Y=Yes N=No	FERRITIN µg/L Within last 3 months of Survey or record not done	SATURATION IRON % (Transferrin Saturation)
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HAEMODIALYSIS

DIALYSER BRAND (Write In) CODE BRAND NAME AND MODEL	BFR mL/min	HDF VOLUME (L) / WEEK (If on HDF)	SESSIONS / WEEK	HOURS / SESSION	UREA REDUCTION or Kt/V Method Value (See list)	FIRST HD 1=Native 2=Synthetic 3=Tunnel CVC 4=Non Tunnel CVC	AT LAST HD
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PERITONEAL DIALYSIS

CONNECTION SYSTEM CODE (Write In)	WEEKLY EXCHANGES TOTAL VOLUME Litres/week	PD SOLUTIONS (Y=Yes N=No) (Please fill in all boxes) Glucose Icodextrin Low GDP	PERITONITIS DATE OF FIRST EPISODE	NUMBER OF PERITONITIS EPISODES DURING SURVEY Complete Peritonitis Episode Form (Form PE) for any episodes during the survey
PET TEST (Once only) Within first 6 mths Dx/Plasma Creatinine at 4 hours	CREATININE CLEARANCE Dialysate ONLY Litres/week/1.73m² Range 10-200 Litres/Week	WEEKLY Kt/V Dialysate ONLY Adjusted for Body Surface Area Range 0.1 - 5.0	RESIDUAL RENAL FUNCTION Creatinine Clearance Adjusted for body Surface Area Litres/week/1.73m²	Residual Urine Volume 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	ANASTOMOSIS SITE Complete a Surgical Form (Form SU) L = Left R = Right
					1 = Positive 2 = Negative 3 = Not done	
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)	Serum Creatinine at Graft Failure
					OTHER -	

MONOCLONAL / POLYCLONAL THERAPY (Record from list)

COURSE	DATE	AGENT	OTHER	NO OF DOSES GIVEN	REASON	OTHER	NUMBER OF REJECTION EPISODES Complete Rejection Form (Form RE) for each episode during the survey
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



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 Māori
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
1515 Cook Islands Māori
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 (Specify)
7106 Southern and Central Asian - Indian
7200 Central Asian (Specify)
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 KIDNEY DISEASE

Please refer to separate codes list:
Appendix 1 – Primary Kidney Disease Codes

This is also available for download from the website, or by contacting ANZDATA via anzdata@anzdata.org.au

The Primary Kidney Disease variable on the A3 Annual Survey form cannot be completed without referring to this code list.

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 1 Bacterial
32 Lung 2 Viral
33 Urinary tract 3 Fungal
34 Wound 4 Protozoa
35 Shunt 5 Other
36 Peritoneum
37 Septicaemia - site unknown (specify organism)
38 Liver (incl. viral Hepatitis) (specify A, B, CMV, herpes,etc)
39 Other site (specify)

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
15 Haemofiltration
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

ACCESS 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 Monozygotic (Identical Twin Girl)
205 Monozygotic (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 interruption 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 of Transplantation)
20 Acute Rejection at anytime Causing Graft Failure
41 Chronic Antibody Mediated Rejection (Biopsy Proven)
42 Interstitial Fibrosis/Tubular Atrophy (Biopsy Proven)
43 Gradual Graft Failure (Biopsy Not Proven)

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 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 administraton, according to the following codes.

TYPE OF AGENT

10 Sotrovimab
2 Daclizumab (Zenepax)
4 OKT3
5 Intravenous Immunoglobulin
6 Basiliximab
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 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.