

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.

CAUSATIVE GENE

Please refer to the website for a list of codes:
<https://services.anzdata.org.au/webservices/Codes/Index/CodeCausativeGene>

**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 %
 $(\text{Pre dialysis urea} - \text{post dialysis urea}) \times 100 = \text{URR}\%$
 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)
 500 O/S NOS Living Donor

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.