

Annex G: Kidney Transplant Data Registry



Republic of the Philippines
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Form No.4 Series Feb 2008

KIDNEY TRANSPLANT REGISTRY
 Philippine Renal Disease Registry
 DOH/NKTI Renal Disease Control Program - Philippine Society of Nephrology

CASE NO. _____
 Encode 1 _____ Date _____
 Review _____ Date _____
 Revision requested Yes No
 Rev. complete _____ Date _____
 Encode 2 _____ Date _____

HOSPITAL/TRANSPLANT CENTER _____
 DATE COMPLETED (mm/dd/yyyy) _____
 COMPLETED BY _____

ENTRY FORM FOR A KIDNEY TRANSPLANT PATIENT

NOTE: PLEASE ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY

PHILHEALTH NUMBER _____ - _____ - _____ Pay Service

ETHNICITY (See guide at the back)

White Mid Eastern/Arabian
 Black Indian Sub-continent
 Filipino Mixed Non-Filipino
 Asian (Non-Filipino) Others _____
 Mixed Filipino Unknown
 Pacific Islander

LAST NAME _____
 FIRST NAME _____
 MIDDLE NAME _____

DATE OF BIRTH _____ SEX: Male Female
 M M D D Y Y Y Y

CIVIL STATUS Single Married Widow Separated

PERMANENT ADDRESS _____ TEL. NO. _____
 PRESENT ADDRESS _____ TEL. NO. _____
 NAME OF RELATIVE NOT LIVING WITH PATIENT _____ TEL. NO. _____

ATTENDING PHYSICIAN: Nephrologist _____ Transplant Surgeon _____

- PRIMARY RENAL DISEASE (CAUSE OF END STAGE RENAL DISEASE)**
 Do not write ESRD, CRF, CKD, ARF
 - GN Biopsy proven. Specify
 - GN Clinical (RBC cast OR proteinuria > 2 grams/day)
 - CPN Biopsy proven OR with radiologic evidence of reflux nephropathy
 - CPN Clinical (History of UTI or urolithiasis)
 - Hypertensive Nephrosclerosis, biopsy proven
 - Hypertensive Nephrosclerosis clinical (Hypertension precedes ESRD by at least 5 years)
 - Autosomal Dominant Polycystic Kidney disease
 - Diabetic Nephropathy
 - Unknown
 - Others, Specify
- CO-EXISTING DISEASE (may check more than one)**
 Do not write Anemia, Uremia
 - None
 - Diabetes Mellitus
 - Hypertension
 - PTB, active by Chest X-Ray
 - COPD
 - Ischemic Heart Disease, (not in CHF) defined as:
 - Previous Myocardial Infarction
 - Angina pectoris, unstable angina
 - Medication (nitrate, etc.)
 - Congestive Heart Failure (any etiology)
 - Stroke (Cerebrovascular Accident)
 - Collagen Disease. Specify
 - Malignancy. Specify
 - Gout
 - Others, Specify
- TYPE OF CHRONIC DIALYSIS PRIOR TO THIS TRANSPLANT**
 Hemodialysis Peritoneal dialysis Never on dialysis
- LENGTH OF TIME ON DIALYSIS PRIOR TO THIS TRANSPLANT (month)**
- NUMBER OF PREVIOUS KIDNEY GRAFTS**
- ORGANS TRANSPLANTED ASIDE FROM KIDNEY**
- THIS TRANSPLANT DATE** _____
 m m d d y y y y
- COLD ISCHEMIA TIME (minutes)**
- DONOR SOURCE** Deceased Living
- IF DECEASED, STATE CAUSE OF DEATH**
- FOR LIVE DONOR, STATE RELATIONSHIP OF DONOR TO RECIPIENT**
- NAME OF DONOR (Last Name, First Name, Middle Name)**
- LIVING NON-RELATED DONOR CLASSIFICATION**
 Directed Donor
 - Emotionally related donor
 - Socially affiliated donor Non-Directed
- DATA & HLA TYPING**

DATA & HLA TYPING	RECIPIENT	DONOR
AGE (yrs)		
SEX (M/F)		
BLOOD TYPE		
PTB Status (+/-ND)		
CMV Status (+/-ND)		
HBsAg Status (+/-ND)		
Anti-HCV Status (+/-ND)		
HIV Status (+/-ND)		
HLA Typing A		
B		
DR		
FOR RECIPIENT ONLY (Write ND if not done)		
PRA - CLASS I (%)		
PRA - CLASS II (%)		

- ANTI-INFECTIVE PROPHYLAXIS POST KT**
 - None Co-Trimoxazole Gancyclovir
 - INH Acyclovir PO IV
 - Nystatin Valacyclovir Valgancyclovir
 - Others, Specify
- INDUCTION/DESENSITIZATION IMMUNOSUPPRESSION**
 - None Rituximab (Mabthera)
 - DST Alemtuzumab (Campath)
 - OKT3 Basiliximab (Simulect)
 - ATG/ALG Daclizumab (Zenapax)
 - IVIg Plasmapheresis
 - Others, Specify
- INITIAL MAINTENANCE IMMUNOSUPPRESSION (Check all drugs given)**
 - Cyclosporin A Mycophenolate mofetil (Cellcept)
 - Azathioprine Mycophenolate sodium (Myfortic)
 - Prednisone Tacrolimus (Prograf)
 - Rapamycin Everolimus (Certican)
 - Others, Specify

RDC2008-02-29

--OVER PLEASE--



GUIDE TO CLASSIFICATION OF ETHNICITY

- White - A person having origins in any of the original white people of Europe.
- Black - A person having origins in any of the black racial groups of Africa.
- Filipino - A person having origins in the Philippines. Check this for all pure Filipinos & Filipinos with foreign blood <25%.
- Asian (Non Filipino) - A person having origins in any of the original peoples of the Far East and Southeast Asia other than the Philippines. Check this if both parents Asian but not Filipino.
- Pacific Islander - A person having origins in any of the following peoples of the Pacific Islands. Example of these areas include the Samoa and Hawaiian Islands.
- Mid-Eastern/Arabian - A person having origins in any of the peoples of the Middle East and Northern Africa. Examples of these areas include Egypt, Israel, Iran, Iraq, Saudi Arabia, Jordan, and Kuwait.
- Indian Sub-Continent - A person having origins in any of the peoples of the Indian Sub-continent. Examples of these areas include India, Pakistan, Sri Lanka, and Bangladesh.
- Mixed Filipino - Check this for Filipinos with foreign blood ≥ 25%.
- Mixed Non-Filipino - Check this if neither parent is Filipino.
- Other, specify - A person not having origins in any of the above categories. Write race(s) in space provided.
- Unknown - Check this box if race is unknown.

CLASSIFICATION OF LIVING NON-RELATED DONORS

DIRECTED DONOR :

- a. **Emotionally related donor** - a person who donates an organ to a non-blood relative but is emotionally related to the recipient
example: Spouse, in-law, friend, adoptive parent or child.
- b. **Socially affiliated donor** - a person who donates an organ to a non-blood relative recipient but has pre-existing non-coercive relationship such as in employer-employee
example: driver, janitor, farm worker, house helper, churchmate, co-organization, co-fraternity.

NON-DIRECTED DONOR : a person who donates an organ to a non-blood relative recipient and does not belong to any of the above examples

17. **EPISODE OF GRAFT DYSFUNCTION FROM THIS TRANSPLANT ADMISSION TO TIME OF DISCHARGE** YES; Go to no 18. NO (END OF FORM)

18. **CHECK THE NATURE OF GRAFT DYSFUNCTION FROM THIS TRANSPLANT ADMISSION TO TIME OF DISCHARGE.**

- | | | |
|---|------------------------------|-----------------------------|
| ATN, by biopsy or nuclear scan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ATN, clinical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (episode of renal graft ischemia ;
Ex. hypotension, cold ischemia > 24 hrs.) | | |
| Rejection, by biopsy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rejection, clinical | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (decrease in creatinine after anti-rejection treatment) | | |
| Immunosuppression toxicity. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Technical problem (Ex. Anastomosis leak) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Others, Specify | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

19. **IF REJECTION EPISODE OCCURRED, COMPLETE THE FOLLOWING TABLE:**

- | | | |
|----------------------|---------------------------------|--|
| Instructions: | Indicate under TREATMENT | Indicate under RESPONSE |
| | S - Steroids | CR - Complete response (Return to baseline creatinine) |
| | ATG - ATG | PR - Partial response (Stable reduction in creatinine achieved but NOT back to baseline) |
| | OKT3 - OKT3 | NR - No response (Creatinine continues to rise or dialysis-dependent) |
| | O - Others, please specify | |
| | N - None, state reason | |

DATE (mm/yyyy)	TREATMENT	RESPONSE

Use this space for explanation