

CONFIDENTIAL**

SINGAPORE RENAL REGISTRY

National Registry of Diseases Office

Health Promotion Board

Level 5, 3 Second Hospital Avenue

Singapore 168937

Tel: (65) 6435 3076 / 3039 or E-mail: hpb_servicenrdo@hpb.gov.sg

**DIAGNOSIS OR COMMENCEMENT
OF TREATMENT OF CHRONIC
KIDNEY FAILURE NOTIFICATION
FORM**

SRR No.

--	--	--	--	--	--	--	--	--	--

Registry use

E-Notification: www.hpp.moh.gov.sg

1. REFERRING OR TREATING HEALTHCARE INSTITUTION

Referral Clinic / Centre: _____

--	--	--

Current Centre: _____

--	--	--

Date treatment started at current centre: _____ (ddmmyyyy)

Current modality of treatment: ☐ HD ☐ HDF ☐ APD ☐ CAPD ☐ TRANSPLANT ☐ CONSERVATIVE TREATMENT

☐ OTHERS, Please specify: _____

2. PARTICULARS OF PATIENT

Name*:

NRIC/ Passport No/FIN/Hospital Registration No*:

--	--	--	--	--	--	--	--	--	--

Resident Status: ☐ Singapore Citizen ☐ Singapore PR

☐ Others, specify: _____

Date of Birth*: _____ (ddmmyyyy)

--	--	--	--	--	--	--	--

Gender*: ☐ Male ☐ Female

Ethnic Group: ☐ Chinese ☐ Malay ☐ Indian ☐ Eurasian

☐ Others, specify: _____

3. DIAGNOSTIC INFORMATION

Primary Renal Disease leading to Chronic Kidney Failure: _____

Date reached Chronic Kidney Failure: _____

Serum Creatinine level at diagnosis: _____ umol/L / mg/dl Date: _____ (dd/mm/yyyy)

eGFR at diagnosis: _____ ml/min/1.73m²

eGFR at first dialysis: _____ ml/min/1.73m²

Serum Creatinine level at first dialysis: _____ umol/L / mg/dl Date: _____ (dd/mm/yyyy)

*Mandatory data items

** THE INFORMATION IN THE FORM NEEDS TO BE KEPT CONFIDENTIAL AFTER THE FORM HAS BEEN FILLED

CONFIDENTIAL**

SRR NO.

--	--	--	--	--	--	--	--	--	--

4. CO-MORBID CONDITIONS

Smoking status:	☐ Never	☐ Ex-smoker	☐ Current smoker	☐ Missing	
					Date of Diagnosis (ddmmyyy)
Diabetes Mellitus	☐ Yes	☐ No	☐ Missing		
If Yes	☐ Type I	☐ Type II	☐ Unspecified		
Hypertension	☐ Yes	☐ No	☐ Missing		
Cerebrovascular disease	☐ Yes	☐ No	☐ Missing		
Ischemic Heart Disease	☐ Yes	☐ No	☐ Missing		
Peripheral Vascular Disease	☐ Yes	☐ No	☐ Missing		
Malignancy	☐ Yes	☐ No	☐ Missing		
If Yes, state diagnosis: _____					

					Date of test (ddmmyyyy)
HepBs Ag	☐ Positive	☐ Negative	☐ Equivocal	☐ Missing	
Anti-HepBs Ab	☐ ≥10 IU/ml	☐ <10 IU/ml	☐ Missing		
Anti-HCV	☐ Positive	☐ Negative	☐ Equivocal	☐ Missing	
HCV-RNA	☐ Positive	☐ Negative	☐ Not done	☐ Missing	

5. CURRENT STATUS OF PATIENT

☐ Living	☐ Deceased	Date of Death: (ddmmyyyy) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Place of Death: _____		Cause of death: _____								

6. ELIGIBILITY FOR TRANSPLANT WAITLIST

Limitation/Preclusion from Transplant: _____

--	--	--

7. DETAILS OF NOTIFYING HEALTHCARE INSTITUTION

Name of Notifying Healthcare Institution (including department): _____

Name of Person who made the notification: _____

Date of Notification: _____ (dd/mm/yyyy)

** THE INFORMATION IN THE FORM NEEDS TO BE KEPT CONFIDENTIAL AFTER THE FORM HAS BEEN FILLED

EXPLANATORY NOTES

CASES TO BE NOTIFIED

1. Please notify cases within than 3 months after patient has been diagnosed or treated for Chronic Kidney Failure

PROCEDURE FOR SUBMISSION

2. Submission may be made in the following manner:
 - a) E-services – available at www.hpp.moh.gov.sg;
or
 - b) Hardcopy form - by hand (including courier services) or registered mail;
or
 - c) by using such secured electronic notification system as may be approved by the Registrar.

N.B. Please DO NOT submit the notification form via email or fax.

NATIONAL REGISTRY OF DISEASES ACT (Chapter 201B) (CHRONIC KIDNEY FAILURE NOTIFICATION) REGULATIONS 2011

Notification of Chronic Kidney Failure is mandatory in accordance to Section 6(1) of the National Registry of Diseases Act.

Please duly fill in the minimum (mandatory) data items (in asterisk) – as follow:

1. Identification number (including NRIC, passport number, Foreign Identification Number or hospital registration number).
2. Name.
3. Date of birth or age (if date of birth is unknown).
4. Gender

In pursuant to Section 7(2) of the NRD Act, you may also choose to submit information on the other items in the form or alternatively the Registry Coordinator will visit your premise to collect the additional data.

** THE INFORMATION IN THE FORM NEEDS TO BE KEPT CONFIDENTIAL AFTER THE FORM HAS BEEN FILLED

CONFIDENTIAL **