

CONFIDENTIAL ****SINGAPORE RENAL REGISTRY**

National Registry of Diseases Office

Health Promotion Board

Level 5, 3 Second Hospital Avenue

Singapore 168937

E-mail: hpb_servicenrdo@hpb.gov.sg

KIDNEY TRANSPLANT FORM

SRR No.

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Registry use

E-Notification: www.nrdo.gov.sg**1. REFERRING / TREATING HEALTHCARE INSTITUTION**

Referral Clinic / Centre: _____

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Current Centre: _____

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Date of first follow-up treatment (post transplant): _____ (ddmmyyyy)

2. PARTICULARS OF PATIENT

Name*:

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

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Gender*:

☐ Male☐ Female

Date of Birth*:

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(ddmmyyyy)

3. DIALYSIS HISTORYWas patient on dialysis prior to transplant: ☐ Yes ☐ No

If No, please proceed to Item 4

If Yes, please proceed to item 5

4. GLOMERULAR FILTRATION RATE (GFR) AT TIME OF TRANSPLANT

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

☐ Missing

(The measurement of Serum Creatinine level closest to (before) the date of transplant)

eGFR: at time of transplant _____ ml/min/1.73m²

Date: _____ (dd/mm/yyyy)

☐ Missing

*Mandatory data items

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

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5. TRANSPLANT INFORMATIONDate of Transplant:

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 (ddmmyyyy)

Place where patient underwent Transplant: _____

If transplant was done Overseas, pls specify Country: _____

and Centre: _____

Graft Number : _____

6. DONOR INFORMATIONDate of Birth:

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 (ddmmyyyy)Age:

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Gender: ☐ Male ☐ Female ☐ MissingEthnic Group: ☐ Chinese ☐ Malay ☐ Indian ☐ Eurasian☐ Others, specify: _____**Type I. Living Donor**Biologically related: ☐ Parents ☐ Off Spring ☐ Identical twin ☐ Sibling☐ Others, specify: _____Emotionally related: ☐ Spouse ☐ Friend ☐ Others, specify: _____Neither biologically nor emotionally related: ☐ Good Samaritan ☐ Others, specify: _____**Type II. Deceased Donor** ☐ Heart Beating ☐ Non-heart beating ☐ Missing**7. GRAFT STATUS**Graft Functioning ☐ Yes ☐ NoIf yes,
Current Serum Creatinine level : _____ umol/L / mg/dl Date: _____ (dd/mm/yyyy) ☐ MissingeGFR: _____ ml/min/1.73m² Date: _____ (dd/mm/yyyy) ☐ Missing

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If Graft is not functioning

Date of graft loss:: _____(dd/mm/yyyy)

☐ Missing

Cause of graft loss:

- ☐ Acute Rejection
- ☐ Hyperacute Rejection
- ☐ Chronic Rejection
- ☐ Primary non-function
- ☐ Recurrent disease
- ☐ Chronic allograft Nephropathy
- ☐ Graft thrombosis
- ☐ Ureteric obstruction
- ☐ Infection
- ☐ Other Surgical complication
- ☐ Non-compliance
- ☐ Unknown
- ☐ Others, specify: _____

8. 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)

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EXPLANATORY NOTES

CASES TO BE NOTIFIED

1. Please notify cases within 3 months after the completion of the Kidney Transplantation for Chronic Kidney Failure.

PROCEDURE FOR SUBMISSION

2. Submission may be made in the following manner:
 - a) E-services – available at www.nrdo.gov.sg
 - b) by using such secured electronic notification system as may be approved by the Registrar.
 - c) 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 patient who has received kidney transplant for 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.

N.B. If this patient has been newly diagnosed with Kidney Failure, please complete the **Diagnosis or Commencement of Treatment of Chronic Kidney Failure notification form** together with the Kidney Transplant form to complete this notification.