

CONFIDENTIAL **

**CHANGE OF MODALITY OF
TREATMENT OR HEALTHCARE
INSTITUTION FORM**

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

SRR No.

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Registry use

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

1. PARTICULARS OF PATIENT

Referral Clinic / Centre: _____

Name of Patient: _____

NRIC/Passport/ Foreign ID No./Hosp Registration No:

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Date of Birth: _____ (dd/mm/yyyy) Gender: Male Female

2. INFORMATION ON CHANGE OF HEALTHCARE INSTITUTION (where applicable)

Transferred from: _____

New healthcare institution (current centre): _____

Date Treatment started at new healthcare institution (current centre): _____ (dd/mm/yyyy)

3. INFORMATION ON CHANGE OF MODALITY (where applicable)

New (current) Modality of Treatment: HD HDF CAPD APD TRANSPLANT

OTHERS, please specify: _____

4. TRANSPLANTATION

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

Place of Transplant Follow-up: _____

Date of First Follow-up treatment (post transplant): _____ (dd/mm/yyyy)

5. CURRENT STATUS OF PATIENT

Living Deceased

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

Place of Death: _____

Cause of Death: _____

Name of Notifying Healthcare Institution (including department): _____

Name of Person who made the notification: _____

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

EXPLANATORY NOTE**CASES TO BE NOTIFIED by the current ('receiving') centre where patient is receiving treatment /care:**1. Change of modality of treatment

In the case of a patient who undergoes a change of modality of treatment for chronic kidney failure at the healthcare institution, please notify within ONE month after the commencement of treatment.

2. Change of healthcare institution

In the case of a patient who has been transferred to another healthcare institution, please notify within Three months after the commencement of treatment for chronic kidney failure.

PROCEDURE FOR SUBMISSION

3. 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.