



***National Registry of Diseases Office
Health Promotion Board
3 Second Hospital Avenue, Level 5
Singapore 168937***

Guidelines

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ABBREVIATIONS

CKF	Chronic Kidney Failure
eGFR	Estimated Glomerular Filtration Rate
GFR	Glomerular Filtration Rate
HCI	Healthcare institution
HD	Haemodialysis
NRDO	National Registry of Diseases Office
PD	Peritoneal dialysis
RRT	Renal Replacement Therapy (e.g. Haemodialysis, Peritoneal dialysis, Renal Transplant)
sFTP	secured File Transfer Protocol (Secured way for electronic data transmission)
SRR	Singapore Renal Registry

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PART I. INTRODUCTION

The National Registry of Diseases (NRD) Act became operational on 1 August 2009 to establish the National Registry of Diseases and to provide for compilation of information on the incidence of certain diseases for use as a basis for direction of programmes for disease prevention and control, and for purposes connected therewith.

Chronic Kidney Failure is another reportable disease which has been included under the NRD Act, effective from 1 March 2011. Hence, it is mandatory for managers of Healthcare institutions to notify all cases diagnosed or treated for Chronic Kidney Failure to the Singapore Renal Registry of the National Registry of Diseases Office.

These guidelines have been written to assist managers of healthcare institutions and medical practitioners to better understand the responsibilities in the notifications of Chronic Kidney Failure cases and providing the additional information (as applicable).

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PART II. DEFINITION

“Chronic Kidney Failure” in relation to a patient, refers to the state when —

- (a) the Glomerular Filtration Rate (corrected to the body surface area of 1.73m²) of the patient is less than 15 ml/min; or
- (b) the serum creatinine level of the patient is more than or equal to 500 µmol/L or 5.7mg/dl; or
- (c) the patient’s kidney function has deteriorated to the extent that, in the opinion of a medical practitioner responsible for the management of his care, the patient requires treatment for kidney failure,

and the patient is not, in the opinion of a medical practitioner responsible for the management of his care, suffering from acute kidney failure;

“patient” means a person to whom a notification referred to in regulation 3 relates;

“treatment for chronic kidney failure” means any of the following modalities of treatment:

- (a) haemodialysis and its related modalities (including chronic haemofiltration and chronic haemodiafiltration);
- (b) peritoneal dialysis;
- (c) kidney transplantation (including follow-up medical treatment post-transplant);
- (d) conservative medical management,

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PART III. PATHWAYS AND TIMELINE FOR NOTIFICATION OF CASES

Table 1 shows the pathways and timeline for reporting Chronic Kidney Failure cases. It is important to send listings and notifications of Chronic Kidney Failure cases not later than the timeline as stated so that NRDO can produce trend reports timely.

TABLE 1: Pathways and Timeline of reporting

Pathways of reporting	Timeline	Mode of data transmission
<p>1. Diagnosis or commencement of treatment of chronic kidney failure notification form</p> <ul style="list-style-type: none"> For new cases diagnosed on /after 1 March 2011 at private hospitals / clinics <p>or</p> <ul style="list-style-type: none"> Patients who have received treatment* for kidney failure on /after 1 March 2011 at private hospitals, clinics and dialysis centres. <p>(*includes conservative medical management)</p>	<p>Within 3 months from date of diagnosis</p> <p>Within 3 months after the first of such treatment received by the patient at that HCI on or after 1 March 2011</p>	<p>a. E- Notification - @ www.hpp.moh.gov.sg or</p> <p>b. Hard copy can be downloaded @ www.nrdo.gov.sg or requested from the National Registries of Diseases Office (NRDO) Tel : 6435 3078 / 61 / 77 Email : hpb.servicenrdo@hpb.gov.sg</p> <p>and send by: Registered mail / by hand (including courier service) to: Singapore Renal Registry National Registries of Diseases Office Health Promotion Board Level 5, 3 Second Hospital Avenue Singapore 168937</p> <p>N.B. Please DO NOT submit the form via email or fax.</p>
<p>2. Change of modality of treatment or change of healthcare institution form</p> <p><u>Note:</u> The 'receiving' (current) dialysis centre where the patient is currently receiving treatment will be required to make this notification.</p>	<p><u>Change of modality:</u> Within 1 month from date of change of modality of treatment</p> <p><u>Change of Healthcare institution:</u> Within 3 months after the first of such treatment received by the patient at that HCI on or after 1 March 2011</p>	

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TABLE 1: Pathways and Timeline of reporting

Pathways of reporting	Timeline	Mode of data transmission
<p>3. Kidney Transplant form</p> <p>For patient who has received Kidney transplant but was not reported to NOTU (e.g. transplantation done Overseas)</p> <p><u>Note:</u> For cases which have been 'newly' diagnosed with Chronic Kidney Failure, it is also necessary to complete the Diagnosis or Commencement of Treatment of Chronic Kidney Failure notification form</p>	<p>Within 3 months from date after the completion of kidney transplantation on or after 1 March 2011</p>	<p>b. Hard copy can be downloaded @ www.nrdo.gov.sg or requested from the National Registries of Diseases Office (NRDO) Tel : 6435 3078 / 61 / 77 Email : hpb.servicenrdo@hpb.gov.sg</p> <p>and send by: Registered mail / by hand (including courier service) to: Singapore Renal Registry National Registries of Diseases Office Health Promotion Board Level 5, 3 Second Hospital Avenue Singapore 168937</p> <p>N.B. Please DO NOT submit the form via email or fax.</p>

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Pathways of reporting	Timeline	Mode of data transmission
<p>Listings: (This is an alternative form of notification where notification of several cases is made in a listing)</p> <p>4. Listings of patients diagnosed with or undergoing treatment for chronic kidney failure</p> <p>5. Listings of patients undergoing or who have undergone haemodialysis or peritoneal dialysis</p> <p>6. Listings of patients who have undergone kidney transplantation (current practice – Transplant centres in Restructued Hospitals and NOTU provide listing of patients who had received the kidney transplants to SRR)</p> <p>7. Listings of patients with GFR less than 15 ml/min/1.73m² or Serum Creatinine level more than or equal to 500umol/L or 5.7mg/dl (currently, Restructured Hospitals leverage on such listings as notification of Chronic Kidney Failure cases)</p>	<p>Within 3 months from date of diagnosis or commencement of the first of such treatment received by the patient at that HCI on or after 1 March 2011</p> <p>Within 3 months from date of kidney transplantation on or after 1 March 2011</p> <p>Monthly via sFTP</p>	<p>Listings can be sent via any of the following:</p> <p>Electronically transmitted via secure File Transfer Protocols (sFTP)</p> <p>or</p> <p>E-notification via the Renal listing module @ www.hpp.moh.gov.sg</p>

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Collection of additional information	Timeline	Mode of data collection
<p>8. Year-End Follow-up treatment Form (for patients undergoing treatment for CKF)</p> <p>In pursuance to Section 7(2) of NRD Act on the collection of additional information- It is mandatory for HCI to provide information for the updates on patients undergoing treatment.</p>	<p>The data collection starts in the month of December, yearly.</p>	<p>Electronically transmitted via secure File Transfer Protocols (sFTP)</p> <p>or</p> <p>Registry coordinators will visit the respective Healthcare institutions to collect information for updates on the patients.</p> <p>or</p> <p>Alternatively, the healthcare institutions (e.g. nephrology clinics) could complete the Follow-up treatment form and send via (b).</p>

Notification can be done with the following minimal mandatory data items:

1. Name
2. Identification Number (NRIC/ Passport No/ Foreign Identification No / Hospital Registration No.)
3. Date of Birth
4. Gender

However every effort should be made to complete the notification form. Upon receipt of the notification if additional information is required, the registry coordinator will contact the managers or designated staff of the healthcare institutions to arrange the data collection.

The manager of the healthcare institution is legally responsible to ensure that the required information is provided to the registry.

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition														
1. Referring / treating healthcare institution															
Referral Clinic / Centre	Name of hospital / clinic / dialysis centre which referred the case to current centre.														
Current centre	Current healthcare institution (hospital/clinic/dialysis centre) where patient is receiving renal replacement therapy (RRT) / post transplant follow-up / conservative treatment for chronic kidney failure.														
Date treatment started at current centre	The date (DD/MM/YYYY)of commencement of dialysis / treatment at current centre or clinic														
Current modality of Treatment	<p>The current treatment patient is receiving at the centre.</p> <p>Tick accordingly:</p> <table border="1" style="width: 100%;"> <tr> <td>HD</td> <td>• Haemodialysis</td> </tr> <tr> <td>HDF</td> <td>• Haemodiafiltration</td> </tr> <tr> <td>APD</td> <td>• Automated Peritoneal Dialysis</td> </tr> <tr> <td>CAPD</td> <td>• Continuous Ambulatory Peritoneal Dialysis</td> </tr> <tr> <td>Transplant</td> <td>• Kidney Transplantation</td> </tr> <tr> <td></td> <td>• Conservative management</td> </tr> <tr> <td>Others</td> <td>Please specify – e.g. Termination of program</td> </tr> </table>	HD	• Haemodialysis	HDF	• Haemodiafiltration	APD	• Automated Peritoneal Dialysis	CAPD	• Continuous Ambulatory Peritoneal Dialysis	Transplant	• Kidney Transplantation		• Conservative management	Others	Please specify – e.g. Termination of program
HD	• Haemodialysis														
HDF	• Haemodiafiltration														
APD	• Automated Peritoneal Dialysis														
CAPD	• Continuous Ambulatory Peritoneal Dialysis														
Transplant	• Kidney Transplantation														
	• Conservative management														
Others	Please specify – e.g. Termination of program														

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition
2. Particulars of Patient	
Name of patient	The patient's name from NRIC/ Passport/ Birth certificate/employment pass/work permit/ case-notes.
NRIC	Patient's personal Identification number <u>NRIC No.</u> Applicable to Singapore citizens and Permanent Residents National Registration Identity Card (NRIC) number -- is a set of 9 alpha-numeric given to each Singapore citizen or Permanent Resident at age 15 and older It should be entered as in the format - SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000
Passport No.	<u>Passport No.</u> Applicable to Foreigners only Enter passport no. if FIN no. is unavailable
Hospital Registration No.	<u>Hospital Registration No.</u> Applicable to Foreigners and residents admitted to hospital without personal identification number e.g. NRIC or FIN no.
Foreign Identification No (FIN)	<u>FIN No.</u> Applicable to Foreigners only Foreign Identification Number (FIN) is the set of 9 alphanumeric assigned to foreigners who are issued with immigration (visit pass) or work passes in Singapore. If patient has both FIN & Passport Nos. – enter the FIN No.
Gender	Patient's Gender Tick accordingly: Male or Female

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Data items	Definition
Date of Birth	Day, month and year of the patient's birth If only the year of birth is available, enter the date as 01/01/YYYY.
Ethnic Group	The patient's ethnic group Chinese / Malay / Indian / Eurasian / Others - for groups not classified as Chinese / Malay / Indian / Eurasian, please specify or select from drop down list (E-notification) <ul style="list-style-type: none"> • Malay - refers to persons of Malay or Indonesian origin, such as Javanese, Boyanese, and Bugis. • Indian - refers to persons of Indian, Pakistani, Bangladeshi or Sri Lankan origin such as Tamil, Malayali, Punjabi, Bengali, Sikhs, Singhalese
Citizenship or Resident Status	Tick accordingly: <ol style="list-style-type: none"> 1. Singapore citizen 2. Singapore Permanent Resident 3. Others – refers to Non- residents, please specify the patient's country of citizenship or select from 'drop-down' list (for E-notification)

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition
3. Diagnostic Information	
Primary Renal Disease leading to Chronic Kidney Failure	The underlying disease that leads to renal impairment – e.g. Presumed GN – no biopsy (refer to Annex1)
Date reached Chronic Kidney Failure	The earliest date (DD/MM/YYYY) – <ul style="list-style-type: none"> • when the patient is diagnosed with Chronic Kidney Failure and/or • eGFR is recorded as less than 15 ml/min/1.73 m² or • Serum Creatinine level is more than or equal to 500umol/L or 5.7mg/dl or • started treatment for Chronic Kidney Failure
GFR @ diagnosis	The eGFR result at diagnosis (before dialytic intervention) <u>eGFR is computed with the following:</u> <ul style="list-style-type: none"> • Serum Creatinine level @ diagnosis and date of test • Gender • Age (computed from Date of Birth)
Serum Creatinine level at diagnosis	Measurement of Serum Creatinine level at diagnosis, before dialytic intervention.

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition
GFR @ 1 st dialysis	<p>The eGFR result before the initiation of 1st dialysis.</p> <p>eGFR is computed with the following:</p> <ul style="list-style-type: none"> • the measurement of Serum Creatinine closest to the initiation of dialysis and date of test • Gender • Age (computed from Date of Birth)
Serum Creatinine at 1 st dialysis	Measurement of Serum Creatinine closest to (before) the initiation of 1 st dialysis.
4. Co-morbid conditions	
Smoking status	<p>The most current status of cigarette smoking at the time of notification / data collection.</p> <p>Tick accordingly:</p> <ol style="list-style-type: none"> 1. Current Smoker- has not stopped smoking 2. Ex-Smoker- history of smoking 3. Never – has never smoke a cigarette 4. Missing – no information is available

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition
4. Co-morbid conditions	
Diabetes Mellitus	<p>History of any co-morbidities:</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Yes – medically diagnosed and / or treated for the disease • No - no past history or not diagnosed / treated for the disease • Missing – if no information is available <p>If Yes, enter date (DD/MM/YYYY) of diagnosis</p>
Hypertension	
Cerebrovascular disease (e.g. Stroke, including Transient Ischaemic Attack, Cerebral infarct and Intracranial embolism)	
Ischaemic Heart Disease (e.g. Coronary Artery Disease/ Ischaemic Cardiomyopathy / Myocardial Infarction)	
Peripheral Vascular Disease	
	<p>This refers to disease (atherosclerotic condition) of arteries in the legs / arms</p> <p>Tick “Yes” if there is record of the following:</p> <ol style="list-style-type: none"> 1. Medically diagnosis of PVD with or without treatment 2. Intervention for PVD (angioplasty, bypass, graft) 3. Patient with below knee amputation (BKA) can be considered as having PVD, unless other reason for BKA has been documented e.g. trauma. 4. Patients who have symptoms consistent with peripheral vascular disease such as <ul style="list-style-type: none"> ○ claudication =leg pain that develops during exercise and goes away only rest, with radiographic confirmation or ○ history of peripheral vascular surgery (such as femoral-popliteal bypass). <p>If Yes, enter date (DD/MM/YYYY) of onset / diagnosis</p> <p>Tick:</p> <ul style="list-style-type: none"> • No - no past history or not diagnosed / treated for the disease • Missing - if no information is available

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

Data items	Definition
Malignancy	<p>History of any malignancy</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Yes – medically diagnosed and / or treated for the disease • No - no past history or not diagnosed / treated for the disease • Missing - if no information is available <p>If Yes,</p> <ul style="list-style-type: none"> • enter date (DD/MM/YYYY) of diagnosis and state the diagnosis.
Hepatitis B _s Antigen	<p>Hepatitis B (HBV) surface antigen.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> ○ Positive ○ Negative ○ Equivocal ○ Missing – if no information is available <p>and enter the date of the test</p>
Anti-Hepatitis B _s Antibodies	<p>Hepatitis B (HBV) surface antibody.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> ○ ≥10 IU/ml ○ < 10 IU/ml ○ Missing – if no information is available <p>and enter the date of the test</p>

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Data items	Definition
Anti-Hepatitis C Antibodies	<p>Hepatitis C (HCV) antibody.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Positive • Negative • Equivocal • Missing – if no information is available <p>and enter the date of the test</p>
Hepatitis C RNA (Ribonucleic acid)	<p>The test detects the Hepatitis C viral RNA</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Positive • Negative • Equivocal • Missing – if no information is available <p>and enter the date of the test</p>

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PART IV. Data Items on Diagnosis or Commencement of Treatment of Chronic Kidney Failure Notification Form

5. Current status of patient	
Data items	Definition
Living /Deceased	Tick accordingly: <ul style="list-style-type: none"> • Living • Deceased
Date of Death	If deceased, enter the date (DD/MM/YYYY) of death
Place of Death	The place of Death Enter /select from the drop-down list (E-notification)one of the following : <ul style="list-style-type: none"> • Residence • Hospital • Nursing Home • If others, please specify: _____
Cause of Death	The primary cause of Death
6. Eligibility for Transplant Waitlist	
Limitation/Preclusion from Transplant	This describes the patient's current status regarding eligibility for Renal Transplant <ul style="list-style-type: none"> • Please specify the status or • enter the appropriate code (refer to Annex 2) or • select from the drop down list (E-notification)
7. Details of notifying healthcare institution	
Name of notifying healthcare institution (including department)	Name of hospital / clinic / dialysis centre which made the notification.
Name of Person who made the notification	Name of doctor / nurse / person who made the notification

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PART V. Data Items on Change of modality of treatment or change of healthcare institution form

Data items	Definition
1. Particulars of Patient	
Clinic / Centre (referral clinic /centre) from which the patient was referred	Name of hospital / clinic / dialysis centre which referred the case
Name of patient	The patient's name from NRIC/ Passport/ Birth certificate/employment pass/work permit/ case-notes.
NRIC	Patient's personal Identification number <u>NRIC No.</u> Applicable to Singapore citizens and Permanent Residents National Registration Identity Card (NRIC) number -- is a set of 9 alpha-numeric given to each Singapore citizen or Permanent Resident at age 15 and older It should be entered as in the format - SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000
Passport No.	<u>Passport No.</u> Applicable to Foreigners only Enter passport no. if FIN no. is unavailable
Hospital Registration No.	<u>Hospital Registration No.</u> Applicable to Foreigners and residents admitted to hospital without personal identification number e.g. NRIC or FIN no.
Foreign Identification No (FIN)	<u>FIN No.</u> Applicable to Foreigners only Foreign Identification Number (FIN) is the set of 9 alphanumeric assigned to foreigners who are issued with immigration (visit pass) or work passes in Singapore. If patient has both FIN & Passport Nos. – enter the FIN No.

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PART V. Data Items on Change of modality of treatment or change of healthcare institution form

Data items	Definition	
Gender	Tick accordingly: Male or Female	
Date of Birth	The day, month and year of the patient's birth If only the year of birth is available, enter the date as 01/01/YYYY.	
2. information on change of healthcare institution (where applicable)		
Healthcare institution transferred from	Enter the healthcare institution (e.g. dialysis centre) where patient was treated previously.	
New healthcare institution	Enter the current healthcare institution (e.g. dialysis centre) where patient is receiving treatment	
Date treatment started at New healthcare institution (current centre)	Enter date the patient started dialysis / follow-up treatment at this current centre / clinic.	
3. Information on change of modality (where applicable)		
New (Current) modality of treatment	The current treatment patient is receiving at the centre. Tick accordingly:	
	HD	• Haemodialysis
	HDF	• Haemodiafiltration
	APD	• Automated Peritoneal Dialysis
	CAPD	• Continuous Ambulatory Peritoneal Dialysis
	Transplant	• Kidney Transplantation
	Others,	Please specify – e.g. Conservative management Termination of program

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PART V. Data Items on Change of modality of treatment or change of healthcare institution form

Data items	Definition
4. Transplantation (where applicable as the new modality of treatment)	
Date of Transplant	Enter date (DD/MM/YYYY) of Transplant
Place of transplant follow-up	Enter the place where patient receives follow-up care after kidney transplantation.
Date of first follow-up treatment (post transplant)	Enter date (DD/MM/YYYY) of first follow-up treatment (post kidney transplant) at the centre / clinic
5. Current status of patient	
Living /Deceased	Tick accordingly: <ul style="list-style-type: none"> • Living • Deceased
Date of Death	If deceased, enter the date (DD/MM/YYYY) of death
Place of Death	The place of Death Enter /select from the drop-down list (E-notification)one of the following : <ul style="list-style-type: none"> • Residence • Hospital • Nursing Home • If others, please specify: _____
Cause of Death	The primary cause of Death
6. Details of notifying healthcare institution	
Name of notifying healthcare institution (including department)	Name of hospital / clinic / dialysis centre which made the notification.
Name of Person who made the notification	Name of doctor / nurse / person who made the notification

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PART VI. Data Items on Kidney Transplant Form

Data items	Definition
1. Referring / treating healthcare institution	
Referral Clinic / Centre	Name of hospital / clinic / dialysis centre which referred the case
Current centre	Current centre / clinic where patient is receiving follow-up care / treatment post kidney transplantation
Date of first follow-up treatment (post transplant)	Enter date (DD/MM/YYYY) of first follow-up treatment (post kidney transplant) at the centre / clinic
2. Particulars of Patient	
Name of patient	The patient's name from NRIC/ Passport/ Birth certificate/employment pass/work permit/ case-notes.
NRIC	Patient's personal Identification number <u>NRIC No.</u> Applicable to Singapore citizens and Permanent Residents National Registration Identity Card (NRIC) number -- is a set of 9 alpha-numeric given to each Singapore citizen or Permanent Resident at age 15 and older It should be entered as in the format - SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000
Passport No.	<u>Passport No.</u> Applicable to Foreigners only Enter passport no. if FIN no. is unavailable
Hospital Registration No.	<u>Hospital Registration No.</u> Applicable to Foreigners and residents admitted to hospital without personal identification number e.g. NRIC or FIN no.

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PART VI. Data Items on Kidney Transplant Form

2. Particulars of Patient	
Data items	Definition
Foreign Identification No (FIN)	<p><u>FIN No.</u> Applicable to Foreigners only Foreign Identification Number (FIN) is the set of 9 alphanumeric assigned to foreigners who are issued with immigration (visit pass) or work passes in Singapore.</p> <p>If patient has both FIN & Passport Nos. – enter the FIN No.</p>
Gender	Tick accordingly: Male or Female
Date of Birth	<p>Day, month and year of the patient's birth</p> <p>If only the year of birth is available, enter the date as 01/01/YYYY.</p>
3. Dialysis history	
Was patient on dialysis prior to transplant	<p>History of patient treated with dialysis prior to kidney transplantation</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Yes • No <p>If No, proceed to item 4 If Yes, proceed to item 5</p>
4. GFR at time of transplant	
Serum Creatinine level at time of transplant	<p>The measurement of Serum Creatinine level closest to (before) the date of transplant and date (DD/MM/YYYY) of test</p> <p>Tick Missing – if no information is available</p>

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PART VI. Data Items on Kidney Transplant Form

4. GFR at time of transplant	
Data items	Definition
eGFR @ time of transplant	<p>The eGFR (Computed) result closest to (before) the date of Transplant</p> <p><u>eGFR is computed with the following:</u></p> <ul style="list-style-type: none"> • Serum Creatinine level closest to (before) the date of Transplant • Gender • Age (computed from Date of Birth)
5. Transplant information	
Date of Transplant	The date (DD/MM/YYYY) of Transplant
Place where patient underwent transplant	<p>The place where patient received the kidney transplantation</p> <p>Where transplant was done overseas, please specify <u>country and centre</u> where patient received the kidney transplantation.</p>
Graft Number	The sequence of the current graft e.g. first graft = 1
6. Donor information	
Gender	The gender of the Donor - Male or Female or tick Missing – where no information is available (e.g. transplantation was done overseas)

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PART VI. Data Items on Kidney Transplant Form

6. Donor information	
Data items	Definition
Ethnic Group	<p>The donor's ethnic group</p> <p>Chinese / Malay / Indian / Eurasian / Others - for groups not classified as Chinese / Malay / Indian / Eurasian, please specify the ethnic group or select from drop down list (E-notification)</p> <ul style="list-style-type: none"> • Malay - refers to persons of Malay or Indonesian origin, such as Javanese, Boyanese, and Bugis. • Indian - refers to persons of Indian, Pakistani, Bangladeshi or Sri Lankan origin such as Tamil, Malayali, Punjabi, Bengali, Sikhs, Singhalese
Date of Birth or Age (if date of birth is unknown)	<p>Day, month and year of the donor's birth</p> <p>If only the year of birth is available, enter the date as 01/01/YYYY.</p> <ul style="list-style-type: none"> • Enter age at time of donation if date of birth is unknown.
Type I. Living donor	<p>The relationship between donor and patient (recipient)</p> <p>A. Biologically related</p> <ul style="list-style-type: none"> • Parent • Sibling • Off Spring • Identical twin • Others, please specify _____ <p>B. Emotionally related</p> <ul style="list-style-type: none"> • Spouse • Friend • Others, please specify _____ <p>C. Neither biologically nor emotionally related</p> <ul style="list-style-type: none"> • Good Samaritan • Others, please specify _____

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PART VI. Data Items on Kidney Transplant Form

6. Donor information	
Data items	Definition
Type II. Deceased donor	<p>In respect of deceased donor, whether the donor's heart was beating at the point when the kidney was removed from the donor's body, tick accordingly:</p> <ul style="list-style-type: none"> • Heart beating • Non-heart beating • Missing - no information is available
7. Graft status	
Graft Functioning	<p>The functionality of the graft Tick accordingly:</p> <ul style="list-style-type: none"> • Yes • No
If Graft functioning, current Serum Creatinine level	Enter the most current measurement of Serum Creatinine level and date of test
eGFR (Computed)	<p>This value is computed when Serum Creatinine level is entered into the NRDS</p> <p>The most current eGFR result (post kidney transplantation)</p>

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PART VI. Data Items on Kidney Transplant Form

7. Graft status	
Data items	Definition
If graft not functioning, state - date of graft loss	Enter date (DD/MM/YYYY) of graft loss Tick Missing – if no information is available
If graft not functioning, state – cause of graft loss	The cause of graft loss Tick accordingly: <ul style="list-style-type: none"> • Acute Rejection • Hyperacute Rejection • Chronic rejection • Primary non-function • Recurrent disease • Chronic allograft Nephropathy • Graft thrombosis • Ureteric obstruction • Infection • Other Surgical complications • Non-compliance • Unknown • Others, please specify _____
8. Details of notifying healthcare institution	
Name of notifying healthcare institution (including department)	Name of hospital / clinic / dialysis centre which made the notification.
Name of Person who made the notification	Name of doctor / nurse / person who made the notification

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PART VII. Data Items on Year-End Follow-Up Treatment Form

Data items	Definition
1. Treating healthcare institution	
Current centre	Current healthcare institution (hospital/clinic/dialysis centre) where patient is receiving renal replacement therapy (RRT) / post transplant follow-up / conservative treatment for chronic kidney failure.
Date treatment started at current centre	Enter date the patient started dialysis / follow-up at this centre /clinic.
2. Particulars of Patient	
Name of patient	The patient's name from NRIC/ Passport/ Birth certificate/employment pass/work permit/ case-notes.
NRIC	Patient's personal Identification number
Passport No.	<u>NRIC No.</u> Applicable to Singapore citizens and Permanent Residents National Registration Identity Card (NRIC) number -- is a set of 9 alpha-numeric given to each Singapore citizen or Permanent Resident at age 15 and older It should be entered as in the format - SXXXXXXXXC or TXXXXXXXXC for those Singaporean born from 2000
Hospital Registration No.	<u>Passport No.</u> Applicable to Foreigners only Enter passport no. if FIN no. is unavailable
Foreign Identification No (FIN)	<u>Hospital Registration No.</u> Applicable to Foreigners and residents admitted to hospital without personal identification number e.g. NRIC or FIN no. <u>FIN No.</u> Applicable to Foreigners only Foreign Identification Number (FIN) is the set of 9 alphanumeric assigned to foreigners who are issued with immigration (visit pass) or work passes in Singapore. If patient has both FIN & Passport Nos. – enter the FIN No.

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PART VII. Data Items on Year-End Follow-Up Treatment Form

Data items	Definition
Date of Birth	Day, month and year of the patient's birth If only the year of birth is available, enter the date as 01/01/YYYY.
Gender	Patient's Gender Tick accordingly: Male or Female
3. Co-morbid conditions	
Smoking status	The most current status of cigarette smoking at the time of notification / data collection. Tick accordingly: 1. Current Smoker- has not stopped smoking 2. Ex-Smoker- history of smoking 3. Never – has never smoke a cigarette 4. Missing – no information is available
Diabetes Mellitus	History of any co-morbidities: Tick accordingly: <ul style="list-style-type: none"> • Yes – medically diagnosed and / or treated for the disease • No - no past history or not diagnosed / treated for the disease • Missing - no information is available If Yes, enter date (DD/MM/YYYY) of diagnosis
Hypertension	
Cerebrovascular disease (e.g. Stroke, including Transient Ischaemic Attack, Cerebral infarct and Intracranial embolism)	
Ischaemic Heart Disease (e.g. Coronary Artery Disease/ Ischaemic Cardiomyopathy / Myocardial Infarction)	

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PART VII. Data Items on Year-End Follow-Up Treatment Form

3. Co-morbid conditions	
Data items	Definition
Peripheral Vascular Disease	<p>This refers to disease (atherosclerotic condition) of arteries in the legs / arms</p> <p>Tick “Yes” if there is record of the following:</p> <ol style="list-style-type: none"> 1. Medically diagnosis of PVD with or without treatment 2. Intervention for PVD (angioplasty, bypass, graft) 3. Patient with below knee amputation (BKA) can be considered as having PVD, unless other reason for BKA has been documented e.g. trauma. 4. Patients who have symptoms consistent with peripheral vascular disease such as <ul style="list-style-type: none"> ○ claudication =leg pain that develops during exercise and goes away only with rest, with radiographic confirmation or ○ history of peripheral vascular surgery (such as femoral-popliteal bypass). <p>If Yes, enter date (DD/MM/YYYY) of onset / diagnosis</p> <p>Tick:</p> <ul style="list-style-type: none"> • No - no past history or not diagnosed / treated for the disease • Missing - no information is available
Malignancy	<p>History of Malignancy</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> • Yes • No • Missing - no information is available <p>If Yes,</p> <ul style="list-style-type: none"> • enter date (DD/MM/YYYY) of diagnosis and specify the diagnosis of the malignancy

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PART VII. Data Items on Year-End Follow-Up Treatment Form

3. Co-morbid conditions	
Data items	Definition
Hepatitis B _s Antigen	<p>Hepatitis B (HBV) surface antigen.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal <input type="radio"/> Missing – no information is available and enter the date of the test
Anti-Hepatitis B _s Antibodies	<p>Hepatitis B (HBV) surface antibody.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> <input type="radio"/> ≥10 IU/ml <input type="radio"/> < 10 IU/ml <input type="radio"/> Missing – no information is available and enter the date of the test
Anti-Hepatitis C Antibodies	<p>Hepatitis C (HCV) antibody.</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal <input type="radio"/> Missing – no information is available and enter the date of the test
Hepatitis C RNA (Ribonucleic acid)	<p>The test detects the Hepatitis C viral RNA</p> <p>Tick accordingly:</p> <ul style="list-style-type: none"> <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Equivocal <input type="radio"/> Missing – no information is available and enter the date of the test

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PART VII. Data Items on Year-End Follow-Up Treatment Form

Data items	Definition
4. Current status of patient	
Living /Deceased	Tick accordingly: <ul style="list-style-type: none"> • Living • Deceased
Date of Death	If deceased, enter the date (DD/MM/YYYY) of death
Place of Death	The place of Death Enter /select from the drop-down list (E-notification)one of the following : <ul style="list-style-type: none"> • Residence • Hospital • Nursing Home • If others, please specify: _____
Cause of Death	The primary cause of Death
5. Eligibility for Transplant Waitlist	
Data items	Definition
Limitation/Preclusion from Transplant	This describes the patient's current status regarding eligibility for Renal Transplant Enter the status / appropriate code – refer to ANNEX 2
6. Nutrition	
Last Serum Albumin level	<ul style="list-style-type: none"> • Enter the result of the most current Serum Albumin level in g/L • and the date (DD/MM/YYYY) of test • Tick Missing – if no information is available
Laboratory method	The method of measurement of serum Albumin Tick accordingly: <ul style="list-style-type: none"> • BCG (bromocresol green dye-binding assay) • BCP (bromocresol purple dye-binding assay) • Missing – no information is available

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Data items	Definition
7. Anaemia	
Last Haemoglobin level	Enter the value in g/dl and the date (DD/MM/YYYY) of test. Tick Missing – no information is available
T SAT (Transferrin saturation)	Ratio of serum iron and total iron-binding capacity multiplied by 100 Enter the value in % Formula to calculate T SAT- <ul style="list-style-type: none"> • Iron (Fe) divide by • TIBC (Total Iron Binding Capacity), multiply by 100 Enter the date (DD/MM/YYYY) of test. Tick Missing – no information is available
Serum Ferritin level	Enter the value in ng/ml and the date (DD/MM/YYYY) of test. Tick Missing – no information is available
Erythropoietin stimulating agent (ESA)	Tick accordingly: <ul style="list-style-type: none"> • Yes - administered • No – not administered If yes, <ul style="list-style-type: none"> ➤ Indicate post HD weight (kg) and date of test ➤ Tick type and state dosage of ESA: <ul style="list-style-type: none"> • Erythropoietin (EPO) - u/week • Darbepoetin - mcg/month • EBMPG* -e.g. Micera - mcg/month *(epoetin beta- methoxy polyethylene glycol) Tick Missing – if no information is available

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PART VII. Data Items on Year-End Follow-Up Treatment Form

8. Mineral Metabolism	
Data items	Definition
Serum Calcium level	Enter the value in mmol/L. and the date (DD/MM/YYYY) of test. Tick Missing – if no information is available
Corrected Calcium level Corrected calcium – is computed from a formula with serum calcium and serum albumin values.	
Serum Phosphate level	
Serum iPTH (Intact Parathyroid Hormone) level	Enter the value in pmol/L. and the date (DD/MM/YYYY) of test. Tick Missing – if no information is available
9. Haemodialysis (HD) data	
a. Dialysis Prescription	
Frequency of HD sessions	Enter the number of times per week, the patient receive Haemodialysis
Duration of each dialysis session	Enter the duration (in minutes) of each dialysis session
b. Vascular Access	
Current Vascular Access	Tick accordingly: <ul style="list-style-type: none"> • AVF (Arteriovenous fistula) • AVG (Arteriovenous graft) • Non-tunnelled Cath • Tunnelled Cath

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PART VII. Data Items on Year-End Follow-Up Treatment Form

9. Haemodialysis (HD)	
c. Adequacy (Monitoring of dialysis dose)	
Data items	Definition
Last URR (urea reduction ratio)	<p>Enter the value in % Formula for calculation of URR -</p> <ul style="list-style-type: none"> • Pre-Urea minus Post-Urea (mmol/L) • divide by Pre-Urea, • multiply by 100 <p>Enter the date (DD/MM/YYYY) of measurement.</p> <p>Tick Missing – if no information is available</p>
<p>Last Kt/V</p> <p>K = the dialyzer clearance, expressed in milliliters per minute (ml/min)</p> <p>t = time</p> <p>V= the volume of water in patient's body</p>	<p>Enter the value, correct to 2 decimal places</p> <p>Enter the date (DD/MM/YYYY) of measurement.</p> <p>Tick Missing – if no information is available</p>
10. Peritoneal dialysis (PD) data	
a. Adequacy of PD	
Last Weekly Total Kt/V	<p>Enter the value, correct to 2 decimal places</p> <p>Enter the date (DD/MM/YYYY) of measurement.</p> <p>Tick Missing – if no information is available</p>
Residual Creatinine Clearance (rCCT) at last Total Creatinine Clearance (TCCT) measurement	<p>Enter the value in L/week</p> <p>Enter the date (DD/MM/YYYY) of measurement.</p> <p>Tick Missing – if no information is available</p>

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PART VII. Data Items on Year-End Follow-Up Treatment Form

10. Peritoneal dialysis (PD) data	
b. PD Outcome	
Data items	Definition
Ever had Peritonitis	Tick accordingly: Yes or No If Yes, enter date (DD/MM/YYYY) of 1 st Episode
c. Technique Survival (To be filled only when modality change from PD to HD permanently)	
Cause of permanent transfer from PD to HD	Specify the reason for the change of modality - refer to Annex 3
Date of permanent transfer from PD to HD	Enter date (DD/MM/YYYY) of Transfer
11. Post-Transplant data (To be filled only if patient has received kidney transplantation)	
a. Graft status	
Graft Functioning	The functionality of the graft Tick accordingly: <ul style="list-style-type: none"> • Yes • No
If Graft functioning, current Serum Creatinine level	Enter the most current measurement of Serum Creatinine level and date of test
eGFR (Computed)	This value is computed when the Serum Creatinine level is entered into the NRDS. The most current eGFR result (post kidney transplantation)

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PART VII. Data Items on Year-End Follow-Up Treatment Form

11. Post-Transplant data (To be filled only if patient has had kidney transplantation)	
Data items	Definition
If graft not functioning, state - date of graft loss	Enter date (DD/MM/YYYY) of graft loss Tick Missing – if no information is available
If Graft not functioning, state – cause of graft loss	Tick accordingly: <ul style="list-style-type: none"> • Acute Rejection • Hyperacute Rejection • Chronic rejection • Primary non-function • Recurrent disease • Chronic allograft Nephropathy • Graft thrombosis • Ureteric obstruction • Infection • Other Surgical complications • Non-compliance • Unknown • Others, please specify _____
12. Details of healthcare institution providing information	
Name of notifying healthcare institution (including department)	Name of hospital / clinic / dialysis centre which provide the information.
Name of Person who provide the information	Name of doctor / nurse / person who provide the information

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PART VIII. DATA ITEMS ON LISTINGS

Note: Data items (No.1 – 4) on each listing are mandatory data fields which must be filled.

a) Listings of patients diagnosed with or undergoing treatment for chronic kidney failure.

1	Name Of Patient
2	Patient NRIC/Passport/FIN/Hospital Registration No.
3	Date of Birth
4	Gender
4	Date of Diagnosis
5	Date treatment started
6	Serum Creatinine level / eGFR result
7	Dates of Serum Creatinine/eGFR test(s)
8	Current treatment modality
9	Name of notifying Healthcare institution (Hospital / Clinic / Dialysis centre)
10	Name of Doctor / Nurse / person who made the notification

b) Listings of patients undergoing or who have undergone haemodialysis or peritoneal dialysis.

1	Name Of Patient
2	Patient NRIC/Passport/FIN/Hospital Registration No.
3	Date of Birth
4	Gender
5	Date treatment started
6	Current treatment modality
7	Name of notifying Healthcare institution (Hospital / Clinic / Dialysis centre)
8	Name of Doctor / Nurse / person who made the notification

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c) Listing of patients who have undergone kidney transplantation

1	Name Of Patient
2	Patient NRIC/Passport/FIN/Hospital Registration No.
3	Date of Birth
4	Gender
5	Date of Transplant
6	Place of Transplant
7	Donor's information
	a. Donor's date of birth / age (if date of birth is unavailable)
	b. Donor's ethnicity
	c. Donor's gender
8	Type of Donor – Living or Deceased
9	If deceased, heart beating / non-heart beating
10	Living Donor's Relationship to Recipient
11	Serum Creatinine level (last measurement prior to date of transplant)
12	Date of Serum Creatinine level (last measurement prior to date of transplant)
13	Name of Nephrologist (where available)
14	Name of notifying Healthcare institution (Hospital / Clinic / Dialysis centre)
15	Name of Doctor / Nurse / person who made the notification

d) Listings of patients with GFR less than 15 ml/min/1.73m² or Serum Creatinine level more than or equal to 500umol/L or 5.7mg/dl

1	Name Of Patient
2	Patient NRIC/Passport/FIN/Hospital Registration No.
3	Date of Birth
4	Gender
5	Values of Serum Creatinine / eGFR (< 15ml/min/1.73m ²)
6	Request/Test/Order date of Serum Creatinine / eGFR (< 15ml/min/1.73m ²)
7	Location (e.g. A&E, ward)
8	Name of notifying Healthcare institution (Hospital / Clinic / Laboratory)

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ANNEX 1: LIST OF CODES FOR PRIMARY RENAL DISEASES

Code	Disease Description
0000	ESRD – Unknown
0100	Amyloid Glomerulopathy
0350	Diabetic Nephropathy
0400	Drug Induced Glomerulopathy incl heroin
1000	Presumed GN – no biopsy
1010	GN – biopsy: Sclerosing GN
1011	GN – biopsy: Inconclusive
1020	GN – Minimal Lesion
1021	IgM Nephropathy
1100	Focal Sclerosing GN: Focal Segmental Hyalinosis
1101	Focal Global Sclerosis
1102	Focal & Segmental Glomerulosclerosis
1103	Focal Segmental Hyalinosis
1210	Mesangio-capillary/Membrano-proliferative Type I (DDD)
1220	Mesangio-capillary/Membrano-proliferative Type II (DDD)
1300	Membranous (epimembranous) Glomerulonephritis
1400	Crescentic GN (otherwise not specified): RPGN
1500	IgA Mesangial Proliferative (IgA)
1501	IgA Minimal Lesion
1502	IgA Focal Mesangial GN
1503	IgA Diffuse Mesangial GN Deceased
1504	IgA Crescentic GN
1505	IgA Diffuse Sclerosing GN
1509	IgA Unspecified/Inconclusive
1510	Mesangial Proliferative (non IgA)
1511	Mesangial Proliferative GN (No IMF)

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Code	Disease Description
1520	Henoch-Scholein GN
1530	Focal Segmental Proliferative (include Focal Necrosis)
1600	Goodpasture (anti-GBM with lung involvement)
1610	Proliferative GN with anti-GBM (no lung involvement)
1620	Proliferative GN with lung involvement (not Goodpasture)
1630	Wegener (extra renal granuloma proven)
1640	Polyarteritis Nodosa (macrovascular)
1650	Polyarteritis Nodosa (microvascular)
1660	ANCA positive GN
1670	HBsAg associated GN
1680	HIV Nephropathy
1700	Systemic Lupus Erythematosus – Unspecified
1701	SLE Class 1 – Normal Glomeruli
1702	SLE Class 2 – Pure Mesangial Alterations (Mesangiopathy)
1703	SLE Class 3 – Focal Segmental Glomerulonephritis (associated with mild or moderate mesangial alterations)
1704	SLE Class 4 – Diffuse Glomerulonephritis (severe mesangial, endocapillary or mesangial-capillary proliferation and/or extensive subendothelial deposits)
1705	SLE Class 5 – Diffuse Membranous Glomerulonephritis
1706	SLE Class 6 – Advanced Sclerosing Glomerulonephritis
1710	Scleroderma
1720	GN with other Systemic/Rheumatoid Disease
1800	Inherited Glomerulopathy (Unspecified)
1810	Alport’s Disease (Classical)
1820	Fabry’s Disease
1830	Oxalosis

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Code	Disease Description
1840	Cystinosis
1900	Other biopsied GN
2000	Analgesic Nephropathy
2010	Drug-Induced Interstitial Nephritis
2020	Lead Nephropathy
2030	Other Heavy Metal Nephropathy
3000	Acquired Obstructive Uropathy (otherwise unspecified)
3010	Renal/Ureteric/Bladder Calculi
3020	Renal Calculi (urate)
3030	Retroperitoneal Fibrosis
3040	Bladder Neck Obstruction (include Prostatomegaly)
4000	Congenital Obstructive Uropathy Renal Tract Anomaly (Unspecified)
4010	Posterior Urethral Valves (Obstructive Nephropathy)
4020	Megacystis-Megaureter
4030	Prune-Belly Syndrome
4040	PUJ Obstruction
4050	Renal Anomaly with Spina Bifida/Myelomeningocele
4060	Renal Hypoplasia/Dysplasia/Agenesis
4070	Neuropathic Bladder (Congenital or Acquired)
4080	Vesicoureteric Reflex (Reflux Nephropathy)
5000	Chronic Pyelonephritis (otherwise unspecified)
5010	Renal TB
5020	Schistosomiasis (Bilharzial Disease)
5030	Interstitial Nephritis (otherwise unspecified)
6000	Acute Cortical Necrosis (otherwise unspecified)
6010	Acute Cortical Necrosis (post-obstetric)
6020	Hemolytic Uremic Syndrome

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ANNEX 1: LIST OF CODES FOR PRIMARY RENAL DISEASES

Code	Disease Description
6030	Thrombotic Thrombocytopenic Purpura
7000	Adult Polycystic Disease
7010	Infantile/Juvenile Polycystic Disease
7020	Medullary Cystic Disease (Nephronopthisis)
8000	Renal Vascular Disease (otherwise unspecified)
8010	Renal Vascular Disease (Malignant Hypertensive Nephroscl: no Primary Renal Dx)
8020	Renal Vascular Disease (Hypertensive Nephropathy)
8030	Renal Artery Stenosis (RAS: unspecified)
8040	RAS (Fibromuscular Hyperplasia)
8050	RAS (Atherosclerotic/Arteriosclerotic)
8060	Cholestrol Emboli
9000	Renal Cell Carcinoma
9010	Wilm's Tumour
9020	Transitional Cell Carcinoma
9030	Paraproteinemia (include Multiple Myeloma)
9039	Other Malignant involvement of the kidney
9040	Traumatic/Surgical Loss - single functioning kidney
9999	Diagnosis Not Listed (add remarks) _____

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ANNEX 2: REASONS FOR LIMITATION/PRECLUSION FROM RENAL TRANSPLANT

This describes the patient's current status regarding eligibility for Renal Transplant
(Fill in the appropriate code for Limitation/Preclusion from Transplant Registry)

Code	Description
00	No exclusions: eligible and on waiting list
01	As yet unassessed/awaiting assessment
10	High Cytotoxic Antibody Level
20	Recipient Refusal
30	Technical problems – Urological
31	Technical problems – Vascular
40	Recurrent disease previous graft
41	Multiple loss previous grafts
50	Active Infection
60	Medically Unfit (Unspecified)
70	Preclusive Respiratory Disease
71	Preclusive Cardiac Disease
72	Preclusive Hepatic Disease
73	Preclusive Cerebral/ Cerebrovascular Disease
74	Preclusive Psychological/ Psychiatric Disease
75	Preclusive Malignant Disease
76	Preclusive Metabolic/ Endocrine Disease
77	Preclusive Intestinal Disease (non-malignant)
80	Systemic Lupus Erythematosus – serological active
81	Systemic Lupus Erythematosus – clinically active
82	Anti – GBM antibodies
83	ANCA positive
84	Immunological Systemic Disease – Active (non – SLE)
85	Renal Disease high likelihood of recurrence

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ANNEX 2: REASONS FOR LIMITATION/PRECLUSION FROM RENAL TRANSPLANT

- 90** Age Limitation
- 91** Financial Limitation
- 95** Had a functioning graft – Not Applicable
- 99** Other – non medical restriction

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ANNEX 3: CAUSE OF PERMANENT TRANSFER FROM PD TO HD

Choose one only:

- A. Infective Complications** and specify: -
 Recurrent/Persistent Peritonitis
 Tunnel/Exit Site Infection
 Acute Peritonitis
 Others, Specify_____
- B. Dialysis Failure** and specify: -
 Inadequate solute clearance
 Inadequate fluid ultra filtration
 Malnutrition
 Others, Specify_____
- C. Technical Failure** and specify:-
 Dialysis leak
 Hernia
 Multiple adhesions
 Haemoperitoneum
 Non-functioning catheter – malposition
 Non-functioning catheter – omental wrap
 Catheter fell out
 Abdominal surgery
 Hydrothorax
 Scrotal oedema
 Others, Specify_____
- D. Social reasons** and specify:-
 Unable to manage self-care
 Patient preference
- E. Others** Please specify with details_____