

Patient Clinical Data Sheet

Patient Name: _____

Age: _____ Gender: Male Female

Date of Biopsy: (d/m/y): _____

Hospital/Lab Name: _____

Nephrologist name and mobile number:

Clinical diagnosis:

Biopsy type: Native Transplant LRTx CAD Extended donor Peds donor

Course of disease: Acute Renal Failure Chronic Renal Failure Unknown

Presentation:

Acute Nephritic Syndrome Nephrotic Syndrome Nephrotic Range Proteinuria Isolated hematuria
HUS/TTP

Onset of renal disease (m/y):

Family history of renal disease? Yes No If yes, specify:

Hypertension: Yes No BP controlled on medication

Other Diseases: DM type 1 DM type 2, Onset of DM:(y)

Malignancy Rheumatic Disease Drug Abuse Bacterial Infection Viral Infection

Please specify:

Therapy:

Labs:

S. Creatinine:..... mg/dl or μ mol/l, **Proteinuria:** g/dl,

S. Albumin:..... g/dl, **Cholesterol:** mg/dl or mmol/l

Creatinine Clearance: ml/min,

C- ANCA(PR3) ----- P-ANCA (MPO) ----- negative, **ANA:** positive (titre) negative

Anti-ds DNA: positive negative **Anti-GBM:** positive negative nd

Complement: C3: low normal nd, **C4:** low normal nd

Cryoglobulins: Please specify:

Infections: Hepatitis B Hepatitis C HIV EBV CMV Polyomavirus

Additional Information: