



Villa Camozzi - 24020 Ranica (Bergamo) Italy Telephone 39-35-4535304

Italian Registry of Membranoproliferative Glomerulonephritis

Registration Form

Center code

Family code

Subject code

Date of compilation

Referring Physician

Surname

Name

Hospital Address

via via esteso

cap

città

prov

Telephone Number

Fax Number

Email

Country

Patient Data

Surname

Name

Sex

Birth Date

Birth Place

is patient living?

If NO, date of death

Address

via via esteso

cap

città

prov

telephone

mobile phone

e-mail

Codice Fiscale (for italian resident only)

Tessera sanitaria (for italian resident only)

Family

Affected Y/N

Cod. DNA

Ethnicity

Race

(Please leave blank)

Diagnosis (Biopsy) (First Useful Biopsy)

Biopsy Date

Referring Hospital for the Biopsy

Histology data: *Light microscopy*

n. of analysed glomeruli

n. of sclerotic glomeruli

%

Crescents (Yes/No)

n.

Degree of mesangial proliferation

 0 0.5 1 1.5 2 2.5 3 n.a.

Degree of endocapillary proliferation

 0 0.5 1 1.5 2 2.5 3 n.a.

Degree of interstitial inflammation

 0 0.5 1 1.5 2 2.5 3 n.a.

Degree of interstitial fibrosis

 0 0.5 1 1.5 2 2.5 3 n.a.

Degree of arteriolar sclerosis

 0 0.5 1 1.5 2 2.5 3 n.a.

Immunofluorescence

C3 0 0.5 1 1.5 2 2.5 3 n.a.

C1q 0 0.5 1 1.5 2 2.5 3 n.a.

IgA 0 0.5 1 1.5 2 2.5 3 n.a.

Fibrinogen 0 0.5 1 1.5 2 2.5 3 n.a.

IgG 0 0.5 1 1.5 2 2.5 3 n.a.

k chains 0 0.5 1 1.5 2 2.5 3 n.a.

IgM 0 0.5 1 1.5 2 2.5 3 n.a.

lambda chains 0 0.5 1 1.5 2 2.5 3 n.a.

Electron microscopy

Mesangial deposits (Yes/No)

Subendothelial deposits (Yes/No)

Subepithelial deposits (Yes/No)

Intramembranous highly electron-dense ribbon-like deposits (Yes/No)

Conclusion:

Revisione IMN:

Main Laboratory Data at the time of Biopsy:

Serum Creatinine (mg/dl) Serum Albumin (g/dl)

Urine Sediment

Serum Cholesterol (mg/dl) Proteinuria (g/24h)

hematuria

 0 1 2

0 = Absent
1 = micro
2 = gross

Complement profile:

Normal Value

Normal Value

C3 (mg/dl)

FH (mg/L)

350-750 mg/L

C4 (mg/dl)

FI (%)

70-130 %

C3 NeF negative

Other, specify

C4 NeF negative

Other, specify

Note (please, record any other biopsies)

Clinical Data Recording at Onset

Age at onset	<input type="text"/>	
Date at onset	<input type="text"/>	
	Yes/No	
Trigger event	<input type="text"/>	
Microhematuria	<input type="text"/>	
Gross Hematuria	<input type="text"/>	
Proteinuria	<input type="text"/>	
Nephrotic syndrome	<input type="text"/>	
Hypertension	<input type="text"/>	
Renal Impairment	<input type="text"/>	
End Stage Renal Disease (ESRD)	<input type="text"/>	
Serum Albumin <3 g/dL	<input type="text"/>	
Hypercholesterolemia	<input type="text"/>	
Edema	<input type="text"/>	
Date of C3 - C4 dosage	<input type="text"/>	
	<i>Normal Value</i>	
C3	<input type="text"/>	<input type="text"/>
C4	<input type="text"/>	<input type="text"/>
Serum Protein Electrophoresis		
Data	<input type="text"/>	
	Normal (Y/N)	<input type="text"/>
If abnormal, specify in "Note Onset"		

	Yes/No	Start at (Date):
Peritoneal Dialysis	<input type="text"/>	<input type="text"/>
		Start at (Date):
Hemodialysis	<input type="text"/>	<input type="text"/>
		Date
Renal Transplantation	<input type="text"/>	<input type="text"/>
Transplantation Failure	<input type="text"/>	
Reasons for Transplantation Failure		
<input type="text"/>		
Date of Return to Chronic Dialysis		
<input type="text"/>		
	Yes/No	Date
Other Renal Transplantation	<input type="text"/>	<input type="text"/>

Note Onset

Primitive Nephropaty Treatment:

Please, for each treatment specify: date of beginning, dosage and date of suspension

	Yes/No
Corticosteroid Therapy	<input type="checkbox"/>
Cyclophosphamide	<input type="checkbox"/>
Cyclosporine	<input type="checkbox"/>
Mycophenolate Mofetil	<input type="checkbox"/>
Angiotensin Converting Enzyme (ACE) inhibitors	<input type="checkbox"/>
Angiotensin Receptor Blockers (ARBs)	<input type="checkbox"/>
Antiplatelet Agents	<input type="checkbox"/>
Statins	<input type="checkbox"/>
Eculizumab	<input type="checkbox"/>
Rituximab	<input type="checkbox"/>

Other treatments and Notes

Clinical Data Recording (at the time of samples collection)

Date of Collection

Serum Creatinine (mg/dl)

Serum Albumin (g/dl)

Urine Sediment

Serum Cholesterol (mg/dl)

Proteinuria (g/24h)

Hematuria

0 1 2

0 = Absent
1 = micro
2 = gross

Hypertension (Yes/No)

Complement profile

		<i>Normal Value</i>			<i>Normal Value</i>
C3 (mg/dl)	<input type="text"/>	<input type="text"/>	FH (mg/L)	<input type="text"/>	350-750 mg/L
C4 (mg/dl)	<input type="text"/>	<input type="text"/>	FI (%)	<input type="text"/>	70-130 %
C3 NeF	<input type="text"/>	negative	sC5b_9 (ng/ml)	<input type="text"/>	
C4 NeF	<input type="text"/>	negative	Other, specify	<input type="text"/>	
			Other, specify	<input type="text"/>	

Associated features :

Infectious diseases
(HCV, HIV, CMV etc.)

Body Mass Index/
Obesity

Diabetes

Autoimmune diseases
(LES etc.)

Cancer

Lipodystrophy

Ocular abnormalities
(drusen etc.)

Monoclonal gammopathy

Multiple mieloma

Other (please specify):

Note

Follow up

Visit 1

Date of visit 1

Serum Creatinine (mg/dl)

Serum Albumin (g/dl)

Urine sediment

Serum Cholesterol (mg/dl)

Proteinuria (g/24h)

C3 (mg/dl)

Normal Value

C3 NeF

Normal Value

negative

C4 (mg/dl)

Other, specify

sC5b_9 (ng/ml)

Visit 2

Date of visit 2

Serum Creatinine (mg/dl)

Serum Albumin (g/dl)

Urine sediment

Serum Cholesterol (mg/dl)

Proteinuria (g/24h)

C3 (mg/dl)

Normal Value

C3 NeF

Normal Value

negative

C4 (mg/dl)

Other, specify

sC5b_9 (ng/ml)

Visit 3

Date of visit 3

Serum Creatinine (mg/dl)

Serum Albumin (g/dl)

Urine sediment

Serum Cholesterol (mg/dl)

Proteinuria (g/24h)

C3 (mg/dl)

Normal Value

C3 NeF

Normal Value

negative

C4 (mg/dl)

Other, specify

sC5b_9 (ng/ml)

note

Follow Up

Note

updated on

Date

last follow up

Follow up history

Yes/No

Date

Note

Peritoneal Dialysis

Hemodialysis

Renal Transplantation

Disease recurrence on renal transplantation

Return to Chronic Dialysis

Other Renal Transplantation

Hypertension at now

Onset date

Is patient alive?

If NO, date of death

Haemato-urinary Examinations

Date

Serum Creatinine (mg/dl)

Normal Value

Proteinuria (g/24h)

C3 (mg/dl)

Serum Albumin (g/dl)

C4 (mg/dl)

Drug treatment (native kidney)

Yes/No

Start

End

Note Drug History

Corticosteroid Therapy

Cyclophosphamide

Cyclosporine

Mycophenolate Mofetil

ACE inhibitors

ARBs

Eculizumab

Rituximab

Plasma exchange or infusion

Other drugs

Clinical Trials

Drug used

Starting of treatment

Ending of treatment

Clinical Trial ID

Note enrolment

Information source

Telephone call

Email

Yes/No

Patient

Viewed updated patient records

Relatives

Follow-up reconstructed through documentation in IMN, without new contact with the patient or referring doctor

Yes/No

Referring doctor

Family History for Nephropathy

Present: Yes/No

If YES specify if there are family members with:

	Yes/No
Renal biopsy demonstrating MPGN without evidence of other systemic diseases causing MPGN	<input type="checkbox"/>
ESRD/Dialysis	<input type="checkbox"/>
Renal Transplantation	<input type="checkbox"/>
Proteinuria/Nephrotic Syndrome	<input type="checkbox"/>
Chronic Renal Failure	<input type="checkbox"/>
Hypocomplementemia	<input type="checkbox"/>

Family history for other diseases:

Please, specify if there are family members with:

	Yes/No
Autoimmune diseases	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>
Cancer	<input type="checkbox"/>

Note Other (please, specify)

Note

Please if there is a family history draw the pedigree

I

II

III

IV

Please point out the proband with an arrow

Please affix a progressive number to each component of each generation

If one of the family members is affected, please compile a new registration form!