



Italian Registry of Membranoproliferative Glomerulonephritis

Registration Form

Center code

Family code

Subject code

Date of compilation

Referring Physician

Surname

Name

Hospital Address

Telephone Number

Fax Number

Email

Country

Patient Data

Surname

Name

Sex

Birth Date

Birth Place

Address

telephone

mobile phone

e-mail

Codice Fiscale (for italian resident only)

Tessera sanitaria (for italian resident only)

Family

Affected Y/N

Cod. DNA

ISS code

Ethnicity

Race

(Please leave blank)

Diagnosis (Biopsy)

Biopsy Date

Referring Hospital for the Biopsy

Histology data:

Light microscopy and Immunofluorescence

Electron microscopy

Conclusion:

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)

Complement profile

	Normal Value		Normal Value		
C3 (mg/dl)	<input type="text"/>	90-180 mg/dl	FH (mg/L)	<input type="text"/>	350-750 mg/L
C4 (mg/dl)	<input type="text"/>	10-40 mg/dl	FI (%)	<input type="text"/>	70-130 %
C3 NeF	<input type="text"/>	negative	Other, specify	<input type="text"/>	
C4 NeF	<input type="text"/>	negative	Other, specify	<input type="text"/>	

Note (please, record any other biopsies)

Clinical Data Recording

Age at onset	<input type="text"/>
	Yes/No
Microhematuria	<input type="text"/>
Gross Hematuria	<input type="text"/>
Proteinuria	<input type="text"/>
Hypertension	<input type="text"/>
Chronic Renal Failure	<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"/>
Note	<input style="height: 100px;" type="text"/>

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

Primitive Nephropaty Treatment:

	Yes/No	Please, for each treatment specify: date of beginning, dosage and date of suspension
Corticosteroid Therapy	<input type="text"/>	
Cyclophosphamide	<input type="text"/>	
Cyclosporine	<input type="text"/>	
Mycophenolate Mofetil	<input type="text"/>	
Angiotensin Converting Enzyme (ACE) inhibitors	<input type="text"/>	
Angiotensin Receptor Blockers (ARBs)	<input type="text"/>	
Antiplatelet Agents	<input type="text"/>	
Statins	<input type="text"/>	

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)

Complement profile

		Normal Value			Normal Value
C3 (mg/dl)	<input type="text"/>	90-180 mg/dl	FH (mg/L)	<input type="text"/>	350-750 mg/L
C4 (mg/dl)	<input type="text"/>	10-40 mg/dl	FI (%)	<input type="text"/>	70-130 %
C3 NeF	<input type="text"/>	negative	Other, specify	<input type="text"/>	
C4 NeF	<input type="text"/>	negative	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**
 90-180 mg/dl

C3 NeF **Normal Value**
 negative

C4 (mg/dl) **Normal Value**
 10-40 mg/dl

Other, specify

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**
 90-180 mg/dl

C3 NeF **Normal Value**
 negative

C4 (mg/dl) **Normal Value**
 10-40 mg/dl

Other, specify

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**
 90-180 mg/dl

C3 NeF **Normal Value**
 negative

C4 (mg/dl) **Normal Value**
 10-40 mg/dl

Other, specify

note

Family History

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!