Renal clinical phenotype at first MDT (Fill in to best of knowledge at time of first MDT)			
a. Renal impairment: Fill in values even if normal			
☐ Yes ☐ No ☐ Not Assessed		Date of last test:	
i. Urea: (mmol/L)		ii. Creatinine: (umol/L)	
iii. eGFR: (mL/min/1.73m^2)		iv. CKD stage:	
v. current RRT: None ☐ Haemodialysis ☐ Yes ☐ No Peritoneal dialysis ☐ Yes ☐ No		vi. transplant: ☐ Yes ☐ No ☐ donor brain death ☐ donor cardiac death ☐ living related donor ☐ living non -elated donor	
b. Hypertension: Fill in values if available			
☐ Yes ☐ No ☐ Not Assessed			
i. Date of last measurement:		ii. Last measurement:	
iii. Medical management: ☐ Yes ☐ No ☐ Not Applicable (Specify)_____ _____			
c. Blood biochemical abnormalities: Fill in values only if abnormal			
☐ Yes ☐ No ☐ Not Assessed			
i. Sodium	☐ Yes ☐ No	Values: (mmol/L)	Date:
ii. Potassium	☐ Yes ☐ No	Values: (mmol/L)	Date:
iii. Chloride	☐ Yes ☐ No	Values: (mmol/L)	Date:
iv. Bicarbonate	☐ Yes ☐ No	Values: (mmol/L)	Date:
v. Calcium	☐ Yes ☐ No	Values: (mmol/L)	Date:
vi. Magnesium	☐ Yes ☐ No	Values: (mmol/L)	Date:
vii. Phosphate	☐ Yes ☐ No	Values: (mmol/L)	Date:
viii. Bilirubin	☐ Yes ☐ No	Values: (umol/L)	Date:

ix. Liver ALP ☐ Yes ☐ No	Values: (U/L)	Date:
x. Liver GGT ☐ Yes ☐ No	Values: (U/L)	Date:
xi. Liver ALT ☐ Yes ☐ No	Values: (U/L)	Date:
xii. Liver AST ☐ Yes ☐ No	Values: (U/L)	Date:
xiii. Albumin ☐ Yes ☐ No	Values: (g/L)	Date:
xiv. LDH ☐ Yes ☐ No	Values: (U/L)	Date:
xv. Urate ☐ Yes ☐ No	Values: (mmol/L)	Date:
xvi. PTH ☐ Yes ☐ No	Values: (pmol/L)	Date:
xvii. Vitamin D ☐ Yes ☐ No	Values: (nmol/L)	Date:
d. Blood haematological abnormalities: Fill in values only if abnormal		
☐ Yes ☐ No ☐ Not Assessed		
i. Hb ☐ Yes ☐ No	Values: (g/L)	Date:
ii. Platelets ☐ Yes ☐ No	Values: ($x10^9$/L)	Date:
iii. MCV ☐ Yes ☐ No	Values: (fL)	Date:
iv. MCH ☐ Yes ☐ No	Values: (pg)	Date:
v. Ferritin ☐ Yes ☐ No	Values: (ug/L)	Date:
vi. Iron ☐ Yes ☐ No	Values: (umol/L)	Date:
vii. Haptoglobin ☐ Yes ☐ No	Values: (g/L)	Date:
e. Urine abnormalities: Fill in values only if abnormal		
i. Haematuria	☐ Yes ☐ No ☐ Not Assessed	
Microscopic ☐ Yes ☐ No	Date:	
Macroscopic ☐ Yes ☐ No	Date:	
ii. Proteinuria	☐ Yes ☐ No ☐ Not Assessed	

24hr protein concentration ☐ Yes ☐ No	Values: (mg/24h)	Date:
Protein:creatinine ratio ☐ Yes ☐ No	Values: (g/mol creat)	Date:
Albumin:creatinine ratio ☐ Yes ☐ No	Values: (g/mol creat)	Date:
B2 microglobulin ☐ Yes ☐ No	Values: (ug/L)	Date:
iii. Calcium (24hr or Calcium:Creatinine ratio)	☐ Yes ☐ No ☐ Not Assessed	
	Values: (g/L)	Date:
iv. Phosphate (24hr or Phosphate:Creatinine ratio)	☐ Yes ☐ No ☐ Not Assessed	
	Values: (mmol/24h or mmol/mol creat)	Date:
v. Urate (24hr or Urate:Creatinine ratio)	☐ Yes ☐ No ☐ Not Assessed	
	Values: (mmol/24h or mmol/mol creat)	Date:
vi. Oxalate (24hr or Oxalate:Creatinine ratio)	☐ Yes ☐ No ☐ Not Assessed	
	Values: (mmol/24h or mmol/mol creat)	Date:
vii. Cysteine (24hr or Cysteine:Creatinine ratio)	☐ Yes ☐ No ☐ Not Assessed	
	Values: (mmol/24h or mmol/mol creat)	Date:
viii. Glycosuria		
☐ Yes ☐ No ☐ Not Assessed	Date:	
ix. Amino aciduria		
☐ Yes ☐ No ☐ Not Assessed	Date:	
f. Renal biopsy		
☐ Yes ☐ No ☐ Unknown	Date of biopsy:	

i. Light microscopy: _____

_____

_____

_____

_____

ii. Electron microscopy: _____

_____

_____

_____

_____

iii. Immunohistochemistry: _____

_____

_____

_____

_____

g. Abdominal ultrasound

☐ Yes ☐ No ☐ Unknown | Date of last scan:

i. Kidney lengths (centiles): _____

_____

_____

_____

ii. Kidney cysts (number, maximum size, and location): _____

_____

_____

_____

_____

iii. Structural anomalies of kidney and urinary tract: _____

_____

_____

_____

_____

iv. Other anomalies (e.g. liver, pancreas): _____

_____

_____

_____

_____

h. CT/MRI

☐ Yes ☐ No ☐ Unknown	Date of last scan:
i. Anomalies: _____	

Non-renal clinical phenotype			
a. Audiology	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
b. Ophthalmology	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
c. Endocrinology	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
d. Skeletal	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
e. Cardiology	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
f. Respiratory	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
g. Neurology	☐ Yes	☐ No	☐ Not Assessed
Features: _____			
h. Dermatology	☐ Yes	☐ No	☐ Not Assessed

Features: _____

_____

i. Haematology	☐ Yes	☐ No	☐ Not Assessed

Features: _____

_____

j. Immunology	☐ Yes	☐ No	☐ Not Assessed

Features: _____

_____

k. Oncology	☐ Yes	☐ No	☐ Not Assessed

Features: _____

_____

l. Reproductive	☐ Yes	☐ No	☐ Not Assessed

Features: _____

_____

m. Developmental/Learning/Behavioural issues	☐ Yes	☐ No	☐ Not Assessed

Features: : _____

_____

n. Dysmorphology	☐ Yes	☐ No	☐ Not Assessed

Features: : _____

_____

_____

o. Growth parameters		☐ Yes	☐ No	☐ Not Assessed
Height:	Values: (cm)	Centile:		Age:
Weight:	Values: (kg)	Centile:		Age:

Head circumference:	Values: (cm)	Centile:	Age:
Growth velocity:		Value:	Age:
Body mass index:		Age assessed:	

Genetic investigations

a. Prior to Renal genetics MDT clinic: attach reports

None ☐ Yes ☐ No		
i. **Chromosomes** (karyotype/microarray) ☐ Yes ☐ No ☐ Unknown/missing	Result:	Date:
ii. **Single gene(s)** ☐ Yes ☐ No ☐ Unknown/missing	Result: +ve / -ve / inconclusive Gene(s): Nucleotide: Protein: Zygosity Heterozygous/Homozygou/Hemizygous s	Date: Variant class: 1, 2, 3A, 3B, 3C 4, 5
Variant type Missense/Nonsense (prem stop)/Frameshift/splicing/Synonymous/Exon deletion/Exon duplication/Whole gene deletion/whole gene duplication/In frame Deletion		
iii. **Gene panel** ☐ Yes ☐ No ☐ Unknown/missing Gene panel name:	Result: +ve / -ve / inconclusive Gene/s: Nucleotide: Protein: Zygosity Heterozygous/Homozygous/Hemizygous	Date: Variant class 1, 2, 3A, 3B, 3C 4, 5
Variant type Missense/Nonsense (prem stop)/Frameshift/splicing/Synonymous/Exon deletion/Exon duplication/Whole gene deletion/whole gene duplication/In frame Deletion		
Additional Variant information:		
iv. **Whole Exome** ☐ Yes ☐ No ☐ Unknown/missing Gene panel name:	Result: +ve / -ve / inconclusive Gene/s: Nucleotide: Protein: Zygosity Heterozygous/Homozygous/Hemizygous	Date: Variant class 1, 2, 3A, 3B, 3C 4, 5

Variant type: Missense/Nonsense (prem stop)/Frameshift/splicing/Synonymous/Exon deletion/Exon duplication/Whole gene deletion/whole gene duplication/In frame Deletion		
Additional Variant information:		
v. **Whole Genome** ☐ Yes ☐ No ☐ Unknown/missing Gene panel name:	Result: +ve / -ve / inconclusive Gene/s: Nucleotide: Protein: Zygosity Heterozygous/Homozygous/Hemizygous	Date: Variant class 1, 2, 3A, 3B, 3C 4, 5
Variant type: Missense/Nonsense (prem stop)/Frameshift/splicing/Synonymous/Exon deletion/Exon duplication/Whole gene deletion/whole gene duplication/In frame Deletion		
Additional Variant information:		
vi. **Unknown** ☐ Yes ☐ No	Information	
Additional information on unknown genetic tests		