

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

43). Simple Nephrectomy: Non-functioning kidney (S9H7.3)-A

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have evidence of Pain/ Fever/ Infection: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Non-functioning kidney on IVP/CT (plain with contrast) provided Serum Creatinine is normal: Yes/No (Upload IVP/CT films)
(CT Plain if Serum Creatinine elevated)

b. USG-KUB: Yes/No (Upload USG film)

c. Non-functioning kidney demonstrated on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report)

5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of

a. Sepsis: Yes/No

b. Renal Malignancy: Yes/No

c. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a, 5b & 5c should be No.

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

44). Simple Nephrectomy: Donar Nephrectomy for Renal Transplant (S9H7.3)-B

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Subject is an donar for renal transplant: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Normal Serum Creatinine: Yes/No (Upload Sr. Cr Report)

b. Normal findings on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report)

c. Normal findings on CT renal angiogram: Yes/No (Upload CT renal angiogram report)

d. Clearance from hospital authorization committee obtained: Yes/No (Upload hospital authorization committee report)

5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of

a. Sepsis: Yes/No

b. Renal Malignancy: Yes/No

c. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a, 5b & 5c should be No.

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

45). Simple Nephrectomy: Reno-vascular hypertension (S9H7.3)-C

1. Name of the Procedure: Simple Nephrectomy
2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient has uncontrolled HTN not relieved on medication: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Serum creatinine levels done: Yes/No (Upload Sr. Creat Report)
 - b. Non-functioning kidney demonstrated on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report)
 - c. CT renal angiogram showing renal vessel abnormality: Yes/No (Upload CT renal angiogram film)
 - d. Renal damage demonstrated on duplex ultrasonography: Yes/No (Upload duplex ultrasonography film)

(Conventional Contrast Arteriography optional)
5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of
 - a. Sepsis: Yes/No
 - b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

46). Simple Nephrectomy: Renal trauma (Grade IV or V) (S9H7.3)-D

1. Name of the Procedure: Simple Nephrectomy
2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ life threatening hemorrhage/ hematuria: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. CECT with renal angiogram demonstrating grade IV or V renal trauma: Yes/No (Upload CT film)- CT plain if Sr Creatinine is raised
 - b. Renal damage demonstrated on duplex ultrasonography: Yes/No (Upload duplex ultrasonography film)
5. If the answer to questions 4a AND 4b is Yes is there evidence of Sepsis: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5 should be No.

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

47). Simple Nephrectomy: Polycystic kidney (S9H7.3)-E

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ hypertension/ CRF and occasional hematuria: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Serum Creatinine done: Yes/No (Upload Sr. Creat report)

b. CT KUB (Plain with contrast) demonstrating more than 3 cysts in both kidneys:
Yes/No (Upload CT film) - CT plain if Sr Creatinine is raised

c. More than 3 cysts demonstrated in each kidney on USG: Yes/No (Upload USG film)

d. Renal damage demonstrated on DTPA/EC Scan: Yes/No (Upload
DTPA/EC Scan report)

5. If the answer to questions 4a AND 4b AND 4c AND 4d is Yes is there evidence of

a. Sepsis: Yes/No

b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

48). Simple Nephrectomy: Ischemic nephropathy (S9H7.3)-F

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/hypertension/impending renal failure: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Serum Creatinine done: Yes/No (Upload Sr. Creat report)

b. Ischemic renal damage demonstrated on Duplex Ultrasonography: Yes/No (Upload ultrasonography report)

c. CT KUB (Plain with contrast) [if Sr Creatinine is normal] demonstrating renal parenchymal damage/reduced function: Yes/No (Upload CT film)

5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of

a. Sepsis: Yes/No

b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

49). Simple Nephrectomy: Reflux Nephropathy (S9H7.3)-G

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ fever/ infection/ renal failure: Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Reflux Nephropathy demonstrated on MCU: Yes/No (Upload MCU film)

b. Renal damage demonstrated on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report)

c. Serum Creatinine levels: Yes/No (Upload Sr. Creat report)

5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of

a. Sepsis: Yes/No

b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

50). Simple Nephrectomy: Renal arterio-venous fistula (S9H7.3)-H

1. Name of the Procedure: Simple Nephrectomy
2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ profuse hematuria/ hypertension not responding to conservative management: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Serum Creatinine done: Yes/No (Upload Sr. Creat report)
 - b. CECT with renal angiogram demonstrating renal A-V fistula: Yes/No (Upload CT film)
(Optional investigations - MRI & Conventional Contrast arteriography)
5. Profuse hematuria not responding to Angio-embolization: Yes/No
6. If the answer to questions (4a AND 4b) AND 5 is Yes is there evidence of Sepsis: Yes/No

For eligibility for Simple Nephrectomy procedure, the answer to question 6 should be No.

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NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

51). Simple Nephrectomy: Renal tuberculosis (S9H7.3)-I

1. Name of the Procedure: Simple Nephrectomy

2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ fever/ dysuria/ hematuria/ impending renal failure/ HTN :
Yes/No

4. If the answer to question 3 is Yes, then is there evidence of

a. Renal parenchymal destruction/non-functioning kidney demonstrated on IVP provided Sr. Creat is normal: Yes/No (Upload IVP film)

OR

b. CT KUB (Plain or Plain with contrast) demonstrating renal parenchymal destruction/ non-functioning kidney: Yes/No (Upload CT film)

c. Non-functioning kidney demonstrated on DTPA/EC Scan: Yes/No (Upload DTPA/EC Scan report)

d. Urine-AFB/TB-PCR done: Yes/No (Upload urine-AFB/TB-CR report)
(Patient should have completed 4-6 wks of AKT)

5. If the answer to questions (4a OR 4b) AND 4c AND 4d is Yes is there evidence of

a. Sepsis: Yes/No

b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

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Treating Doctor Signature with Stamp

NAME OF THE HOSPITAL: _____

PATIENT NAME: _____

52). Simple Nephrectomy: Chronic Pyelonephritis (S9H7.3)-J

1. Name of the Procedure: Simple Nephrectomy
2. Select the Indication from the drop down of various indications provided under this head:

Non-functioning kidney
Donar nephrectomy for renal transplant
Reno-vascular hypertension
Renal trauma(Grade IV or V)
Polycystic kidney
Ischemic nephropathy
Reflux nephropathy
Renal arterio-venous fistula
Renal tuberculosis
Chronic Pyelonephritis

3. Does the patient have pain/ infection: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
 - a. Serum Creatinine done: Yes/No(Upload Serum. Creat Report)
 - b. If Non-Functioning kidney demonstrated on IVP/CT or DTPA or EC Scan: Yes/No
(Upload IVP/CT film OR DTPA or EC Scan report)
(Optional investigation – MRI)
5. If the answer to questions 4a AND 4b is Yes is there evidence of
 - a. Sepsis: Yes/No
 - b. Unstable patient: Yes/No

For eligibility for Simple Nephrectomy procedure, the answers to questions 5a & 5b should be No.

I hereby declare that the above furnished information is true to the best of my knowledge.

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