

NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

64). Laproscopic Partial Nephrectomy: Irreversible damage to a portion of kidney by trauma  
(S9H7.6)-A

1. Name of the Procedure: Laproscopic Partial Nephrectomy

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
Synchronous bilateral tumors
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/ Hematuria/ Hypotension: Yes/No

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

a) Irreversible damage to a portion of kidney demonstrated by CECT with renal angiography: Yes/No (Upload CT film)

b) USG KUB documenting renal damage: Yes/No (Upload USG film)

c) Serum Creatinine report: Yes/No (Upload Serum Creat Report)  
(MR-Angiography optional)

5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of Trauma involving renal pedicle: Yes/No

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to question 5 should be No.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

65). Laproscopic Partial Nephrectomy: Segmental parenchymal damage caused by renovascular hypertension (S9H7.6)-B

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
Synchronous bilateral tumors
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/Hypertension/Impending renal failure: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Segmental parenchymal damage to kidney demonstrated by CECT with renal angiography: Yes/No (Upload CT film)
  - b. Duplex Ultrasonography documenting renal damage: Yes/No (Upload Duplex Ultrasound film)
  - c. Serum Creatinine report: Yes/No (Upload Sr. Creat report)  
(MR-Angiography optional, Serum Creat should be normal for contrast CT)

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to questions 4a AND 4b AND 4c should be Yes.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

66). Laproscopic Partial Nephrectomy: Synchronous bilateral tumors (S9H7.6)-C

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
<b>Synchronous bilateral tumors</b>
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/ Hematuria/ loss of weight: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Serum Creatinine report: Yes/No (Upload Sr. Creat report)
  - b. Synchronous bilateral tumors of kidney showing contrast enhancement demonstrated on CECT abdomen+pelvis: Yes/No (Upload CT film)  
[Remaining renal parenchyma atleast 25% should be free of tumour]
  - c. X-Ray Chest not suggestive of metastasis: Yes/No (Upload X-Ray film)  
  
(USG KUB, MR-Angiography & Bone Scan optional)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Tumor involving renal hilum/IVC Thrombosis: Yes/No
  - b. Multiple tumors/secondary renal metastasis: Yes/No
  - c. Lymph node metastasis: Yes/No

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to questions 5a, 5b & 5c should be No.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

67). Laproscopic Partial Nephrectomy: Tumor in solitary kidney (S9H7.6)-D

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
Synchronous bilateral tumors
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/ hematuria/ loss of weight/ bone pain: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Serum Creatinine report: Yes/No (Upload Sr. Creat report)
  - b. Tumor in solitary kidney showing contrast enhancement demonstrated on CECT  
abdomen+pelvis: Yes/No (Upload CT film)  
[Remaining renal parenchyma atleast 25% should be free of tumour]
  - c. X-Ray Chest not suggestive of metastasis: Yes/No (Upload X-Ray film)  
(USG KUB, MR-Angiography optional)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Tumor involving renal hilum/IVC Thrombosis: Yes/No
  - b. Multiple tumors/secondary metastasis: Yes/No
  - c. Lymph node metastasis: Yes/No

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to questions 5a, 5b & 5c should be No.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

68). Laproscopic Partial Nephrectomy: Benign Tumor > 4 cms or severe pain (S9H7.6)-E

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
Synchronous bilateral tumors
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/ Hematuria/ lump: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Benign tumor demonstrated by CECT abdomen+pelvis: Yes/No (Upload CT film)
  - b. Serum Creatinine report: Yes/No (Upload Sr. Creat report)
  - c. X-Ray Chest not suggestive of metastasis: Yes/No (Upload X-Ray film) (MR-Angiography optional)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Tumor involving renal hilum/IVC Thrombosis: Yes/No
  - b. Multiple tumors: Yes/No
  - c. Lymph node metastasis: Yes/No

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to questions 5a, 5b & 5c should be No.

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

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NAME OF THE HOSPITAL: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

69). Laproscopic Partial Nephrectomy: T1 Tumor (S9H7.6)-F

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

Irreversible damage to a portion of kidney by trauma
Segmental parenchymal damage caused by renovascular hypertension
Synchronous bilateral tumors
Tumor in solitary kidney
Benign tumor > 4 cms or severe pain
T1 tumor

3. Does the patient have evidence of Pain/ Hematuria/ loss of wt: Yes/No
4. If the answer to question 3 is Yes, then is there evidence of
  - a. Serum Creatinine report: Yes/No (Upload Sr. Creat report)
  - b. T1 tumor showing contrast enhancement demonstrated on CECT abdomen+pelvis:  
  
Yes/No (Upload CT film)  
[Remaining renal parenchyma atleast 25% should be free of tumour]
  - c. X-Ray Chest not suggestive of metastasis: Yes/No (Upload X-Ray film)  
(USG Abdomen and Pelvis, MR-Angiography optional)
5. If the answer to questions 4a AND 4b AND 4c is Yes is there evidence of
  - a. Tumor involving renal hilum/IVC Thrombosis: Yes/No
  - b. Multiple tumors: Yes/No
  - c. Lymph node metastasis: Yes/No

For eligibility for Laproscopic Partial Nephrectomy procedure, the answer to questions 5a, 5b & 5c should be No.

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

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