

Follow-up/Registration Form (year(s) after kidney biopsy)

ID: -

Death: yes no If yes, the date of event was : / / (d/m/y)

Renal death: yes no If yes, the date of event was : / / (d/m/y)

Cerebro-cardiovascular event: yes no If yes, the date of event was : / / (d/m/y)

If yes: dead or alive

50% decrease in eGFR: yes no If yes, the date of event was : / / (d/m/y)

Follow-up data The date of sampling (d/m/y): / /

Body weight: kg

Usage of renin-angiotensin-aldosterone system blocker: yes no unknown

Serum creatinine: mg/dl

Urinary protein as the protein/creatinine ratio (spot urine): g/gCre

If the patient data cannot be obtained, please report the reason why.

stopped visits hospital transfer moved

request to stop the medical consultation others ()