

NAME OF PATIENT : _____

CENTRE : _____

APPLICATION FOR HAEMODIALYSIS PROGRAMME

Supporting Documents Checklist (For Official use):

NO	DOCUMENT	Date CM Rcvd Docs	Date Docs Sent to HQ	Date HQ Rcvd Docs	REMARKS (Docs received later from CM / Patient, Others)
1	Completed Medical Report				
2	Lab Test Result of Hep B, C & HIV (not more than 2 months)				
3	4 Copy Photostat I/C of Patient				
4	4 Copy Passport Size Photo				
5	Income Tax Assessment / J Form / EA Form of Patient and all Family Members who are working				
6	EPF Statement of Patient and all Family Members who are working				
7	Pay Slip of Patient & all Family Members who are working or Letter from Employer /Letter Confirming Income & Occupation for Self-Employed				
8	Payment Slip from SOCSO for Disability Pension / Pension Statement from JPA (<i>If Applicable</i>)				
9	Latest Savings Passbook / Fixed Deposit / Current Account Statement of any Family Member				
10	Water, Electricity, Telephone & Astro bills of house where patient is staying				
11	Car & House Installment Receipts & Loan Approval Letter				
12	Others eg. Insurance Premium, etc				
13	3 Photos of House - Hall, Kitchen & Outside House from Gate to Rooftop				
14	Agreement with all required documents				

I hereby certify the Application is complete with all necessary documents

Received & Recorded by

Checked & Verified By

.....
Name:
CM/SNIC

.....
Name :
Welfare Department

.....
Name :
Welfare Department

APPROVAL FOR HAEMODIALYSIS PROGRAMME (KELULUSAN MENYERTAI PROGRAM HEMODIALISIS)

Name / Nama : _____ Gender / Jantina : _____

NRIC No / KP : _____ Age / Umur : _____

Checklist (For official use only)

1.	Blood Test Status
	<p>Hep. B <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. C <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>HIV <input type="checkbox"/> Positive <input type="checkbox"/> Negative Hep. B + C <input type="checkbox"/> Triple Negative <input type="checkbox"/></p> <p>IMPORTANT NOTE: PATIENT _____</p>

2.	Commencement of Dialysis	Date :
	<p>Name of Dialysis Centre : _____</p> <p>Facility Available for : _____</p> <p>Temporary Dialysis (if relevant) since : _____</p> <p>Actual Date of Commencement : _____ (To be filled by CM / SN In-Charge)</p> <p>Signature of Centre Manager / Staff Nurse In-Charge : _____</p>	

3.	Patient Category
	<p><input type="checkbox"/> Self Paying <input type="checkbox"/> Subsidized Patient <input type="checkbox"/> SOCSO <input type="checkbox"/> JPA & Govt. Agencies</p> <p><input type="checkbox"/> Govt. Non Pecen <input type="checkbox"/> Others</p> <p>Date Received MOH subsidy : _____</p>

4.	Financial Assistance With Effect From
	<p><input type="checkbox"/> PDWF (Date : _____) <input type="checkbox"/> PWF (Date : _____)</p> <p><input type="checkbox"/> Hardcore Poor (Date : _____) <input type="checkbox"/> Others : _____ (Date : _____)</p>

5.	Welfare Manager / Officer's Recommendation	Date :
	<input type="checkbox"/> Pending – Supporting documents / Home Visit is required <input type="checkbox"/> Recommended for admission Comments :	

6.	Head of Medical's Recommendation	Date :
	<input type="checkbox"/> Approved for provisional entry. Dialysis Centre : _____ <input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting Comments :	

7.	Patient Selection & Welfare Committee / Local Committee's Recommendation	Date :
	<input type="checkbox"/> Approved : Dialysis Centre _____ <input type="checkbox"/> Rejected : Reason _____ <input type="checkbox"/> Deferred : Reason _____	

Checklist (For Welfare Dept use only)

Form Received		Date Received	Applicant	Spouse	Parents	Children	Sibling	Others
8.	Application Form							
9.	Medical Report							
10.	Blood Test Result-Hep B, C & HIV							
11.	Latest Income Tax Assessment							
12.	Latest EPF Statement							
13.	Employer's Letter Stating Salary							
14.	Others (please specify)							
15.	Agreement Status		Sign by CEO	<input type="checkbox"/>	Date Signed :			
16.	Name of Guarantor:		I/C No:		Tel:			



**APPLICATION FOR HAEMODIALYSIS PROGRAMME
(PERMOHONAN MENYERTAI PROGRAM HEMODIALISIS)**

1. Personal Information / Maklumat Peribadi

<p>1.Full Name (Mr / Mrs / Miss / Madam) / Nama Penuh : _____</p> <p>2.Address / Alamat : _____ _____</p> <p>3.NRIC No. / No. Kad Pengenalan: _____</p> <p>4.Date of Birth / Tarikh Lahir : _____ 5.Age / Umur : _____ 6.Occupation /Pekerjaan: _____</p> <p>7.Tel No. / No. Tel : _____ : _____ 8.Sex / Jantina : _____</p> <p>9.Marital Status / Taraf Perkahwinan : <input type="checkbox"/> Single/Bujang <input type="checkbox"/> Married/Berkahwin <input type="checkbox"/> Widower /Duda <input type="checkbox"/> Divorced/Janda <input type="checkbox"/> Widow/Balu <input type="checkbox"/> Separated/Tinggal Berasingan</p> <p>10.Nationality / Warganegara : _____ Race / Bangsa : _____</p> <p>11.Next of Kin / Waris : _____ Tel No. / No. Tel: _____</p>	Photo
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<p>Vascular Access : <input type="checkbox"/> AV Fistula <input type="checkbox"/> AV Graft <input type="checkbox"/> Others <input type="checkbox"/> Nil</p> <p>Date Created : _____ Location: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Others, State : _____</p> <p>In use : <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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2. Details of Employment / Maklumat Pekerjaan

Present Occupation / Pekerjaan Sekarang	: _____
Monthly Income / Pendapatan Bulanan	: _____
Name of Employer / Nama Majikan	: _____
Tel No / No.Tel	: _____
Address of Employer / Alamat Majikan	: _____
If unemployed, please state / Jika tidak bekerja, sila nyatakan :	
Since (date) / Sejak (tarikh)	: _____
Reason / Sebab	: _____
Previous Employment / Pekerjaan Lepas	: _____
Last Drawn Salary / Gaji Terakhir	: _____
Name of Supporter / Nama Penyara	: _____

3. Educational Background / Latar Belakang Pendidikan

Level <i>Peringkat</i>	Name of School <i>Nama Sekolah</i>	Year <i>Tahun</i>	Exam Passed <i>Kelulusan</i>
Primary / Rendah			
Secondary / Menengah			
Pre-U / Pra-Universiti			
Other / Lain-lain			

5. Total Monthly Household Income & Expenditure

(Household is defined here as including family members you are living with)

Jumlah Pendapatan & Perbelanjaan Isi Rumah Sebulan

(Isi rumah termasuk ahli-ahli keluarga yang tinggal bersama tuan / puan)

INCOME / PENDAPATAN	RM
1. Personal Income / <i>Pendapatan Sendiri</i>
2. Other Household Family Income / <i>Pendapatan Ahli-ahli Keluarga Serumah</i>
3. Contributions From Relatives Outside Household / <i>Sumbangan Dari Saudara-mara</i>
4. Others (Please specify) / <i>Lain-lain (Nyatakan)</i>
5. Patient Ilat	
.....	
.....	
TOTAL INCOME / JUMLAH PENDAPATAN	

EXPENDITURE / PERBELANJAAN	RM
1. EPF Contribution (<i>Sumbangan KWSP</i>) / SOCSO Deductions (<i>Potongan SOCSO</i>) / Income Tax (<i>Cukai Pendapatan</i>)
2. Food (including baby food) / <i>Makanan (termasuk makanan bayi)</i>
3. Rental (home / shop) / <i>Sewa (rumah / kedai)</i>
4. Installment of house / <i>Ansuran rumah</i>
5. Installment of Vehicle / <i>Ansuran Kenderaan</i>	
6. Telephone Bill / <i>Bil Telefon</i>
7. Utilities (water / electricity) / <i>Bil Air & Elektrik</i>
8. Schooling Expenses / <i>Perbelanjaan Persekolahan</i>
9. Working Members' Expenses (petrol / bus fare / food) / <i>Perbelanjaan Ahli-ahli Keluarga yang bekerja (petrol / tambang bas / makanan)</i>
10. Entertainment / <i>Hiburan (Astro, etc)</i>
11. Domestic Helper (Maid) / <i>Pembantu Rumah</i>
12. Others (Please specify) / <i>Lain-lain (Nyatakan) / EPO</i>

TOTAL EXPENDITURE / JUMLAH PERBELANJAAN	

BALANCE / BAKI	
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6. Type of Accommodation / Maklumat Rumah Kediaman (Please tick / Sila tanda)

- Own / *Sendiri* Rent / *Sewa*
- Others (Specify) / *Lain-lain (Nyatakan)* _____
- Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran* :
RM _____

Commence payment from _____ until _____ (Attach loan agreement/loan approval)
Tempoh bayaran bermula dari (Year/Tahun) hingga Year/Tahun (Lampirkan surat perjanjian/kelulusan pinjaman)

- Low Cost Flat / *Rumah Pangsa* Single Storey Terrace / *Teres Setingkat*
- Double Storey Terrace / *Teres Dua Tingkat* Shop House / *Rumah Kedai*
- Rumah Panjang / *Long House* Squatter / *Rumah Setinggan*
- Apartment (Pangsapuri) / *Condominium (Kondominium)*
- Village House / *Rumah Kampong* Bungalow / *Banglo*

7. Assets / Aset (Please tick at the relevant boxes only / Sila tanda di petak yang berkenaan sahaja)

- Other properties besides current accommodation / *Harta benda sendiri selain dari kediaman sekarang*
- Other house / *Rumah lain* Shophouse / *Kedai* Factory / *Kilang*
- Building / *Bangunan* Land / *Tanah* Farm/Plantation / *Kebun/Ladang*
- Type / *Jenis* : _____

Fully Paid / *Bayaran Penuh* On Installment / *Bayaran Ansuran* RM _____

Commence payment from _____ until _____ (Attach loan agreement/loan approval)
Tempoh bayaran bermula dari (Year/Tahun) hingga (Year/Tahun) (Lampirkan surat perjanjian/kelulusan pinjaman)

- Own vehicle / *Kenderaan sendiri*
- Motorcycle / *Motosikal* Car / *Kereta* Van / *Van* Bus / *Bas* Lorry / *Lori*
- Model / *Model* : _____ Year / *Tahun* : _____
- Fully Paid / *Bayaran Penuh* On installment / *Bayaran Ansuran* :
- Commence payment from _____ until _____ (Attach loan agreement/loan approval)
Tempoh bayaran bermula dari (Year/Tahun) hingga (Year/Tahun) (Lampirkan surat perjanjian/kelulusan pinjaman)

- Own Shares / *Saham Sendiri* Value of Shares / *Nilai Saham* : RM _____
- Bank Account / *Akaun Bank* : Type / *Jenis* _____ Amount / *Jumlah* : RM _____
- Others (Specify) / *Lain-lain (Nyatakan)* _____

8. Every applicant is **required** to attach supporting documents – latest income tax assessment / Form J/ EA Form, latest EPF statement, letter from employer certifying salary and details of ownership of property. The admission process will be delayed if the patient fails to submit the required documents of patient and family members.

*Setiap pemohon **dikehendaki** mengemukakan dokumen yang berkaitan bagi setiap nama yang dinyatakan – borang cukai pendapatan terkini / Borang J / Borang EA, penyata KWSP terkini, surat dari majikan menyatakan gaji bulanan dan maklumat harta. Proses pengambilan pesakit akan ditangguhkan jika pemohon dan ahli keluarga gagal mengemukakan dokumen yang dikehendaki.*

Please tick (v) at the relevant boxes ONLY / Sila tandakan (v) di petak yang berkenaan SAHAJA

<input type="checkbox"/>	Latest Income Tax Assessment/Form J/EA Form (<i>Borang Cukai Pendapatan terkini/Borang J/Borang EA</i>)		
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>
		<input type="checkbox"/>	Children / <i>Anak-anak</i>

<input type="checkbox"/>	Latest EPF Statement / <i>Penyata KWSP terkini</i>		
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>
		<input type="checkbox"/>	Children / <i>Anak-anak</i>

<input type="checkbox"/>	Latest payslip or letter from employer stating salary / <i>Surat dari majikan atau slip gaji terkini</i>		
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>
		<input type="checkbox"/>	Children / <i>Anak-anak</i>

<input type="checkbox"/>	Latest Savings/Fixed Deposit/Current Account/Passbook Statement (<i>Penyata akaun tetap/Simpanan Terkini</i>)		
<input type="checkbox"/>	Patient / <i>Pesakit</i>	<input type="checkbox"/>	Spouse / <i>Suami /Isteri</i>
<input type="checkbox"/>	Sibling / <i>Adik-beradik</i>	<input type="checkbox"/>	Parents / <i>Ibu bapa</i>
		<input type="checkbox"/>	Children / <i>Anak-anak</i>

<input type="checkbox"/>	Others (Please specify) / <i>Lain-lain (Nyatakan)</i>	_____	
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**9. THE PATIENT'S PROGRAMME CAN BE TERMINATED IF :
PESAKIT BOLEH DITAMATKAN PROGRAM DIALISIS SEKIRANYA :**

- He/ She fails to turn up for 3 successive dialysis sessions within a month without valid reasons.
Pesakit gagal hadir untuk dialysis 3 kali sebulan tanpa alasan yang munasabah.
- His / her condition has deteriorated and found medically not suitable to continue dialysis at NKF DialysisCentre as recommended by the Nephrologist.
Keadaan pesakit bertambah mudarat dan didapati tidak sesuai lagi untuk menjalani dialysis di Pusat Dialysis NKF seperti sokongan dari Pakar Nefrologi.
- He / She is uncooperative, behave or act in such a manner as to cause disruption / disturbance to other patients and affects the administration of the Centre.
Pesakit tidak memberikan kerjasama, berkelakuan atau bertindak dengan cara yang menyebabkan gangguan kepada pesakit-pesakit lain dan menjejaskan kelicinan pentadbiran di Pusat berkenaan.
- He / She suppresses or gives any incorrect information.
Pesakit menyembunyikan atau memberi maklumat yang palsu.

- e. He / She is not willing to undergo 4 hourly dialysis 3 times a week at NKF Dialysis Centre at the dates and times fixed by the Centre.
Pesakit yang terpilih tidak bersedia untuk menjalani dialisis 4 jam setiap kali sebanyak 3 kali seminggu di Pusat Dialisis NKF pada tarikh dan waktu yang ditetapkan.
- f. He / She fails to comply with the terms and conditions for entry into the NKF Haemodialysis Programme.
Pesakit gagal mematuhi peraturan-peraturan dan syarat-syarat kemasukan ke Program Hemodialisis NKF.

10. DECLARATION – I declare that :

PENGAKUAN – Saya mengaku bahawa :

- a) I have read, understood and agreed to comply with the terms and conditions.
Saya telah membaca, faham dan bersetuju untuk mematuhi segala terma-terma dan syarat-syarat yang telah ditetapkan.
- b) All the particulars given in this form are true and I have not suppressed any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan sebarang maklumat yang dikehendaki.
- c) I am aware that if my application is successful, I will be accepted into the programme for only six months, thereafter my application will be reconsidered.
Saya sedia maklum bahawa jika permohonan ini berjaya, saya akan diterima untuk program ini untuk enam bulan dan akan dipertimbangkan semula selepas tempoh berkenaan tamat.
- d) If I have suppressed or given any incorrect information, NKF reserves the right to discontinue providing treatment to me.
Jika saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak menamatkan rawatan saya.

NB : Incomplete forms will not be considered / Permohonan yang tidak diisi dengan lengkap tidak akan dipertimbangkan.

Signature / Right Thumb Print
Tandatangan / Cap Jari Kanan

Date / Tarikh:

**SUMMARY OF MEDICAL REPORT
FOR HAEMODIALYSIS PROGRAMME
(RINGKASAN LAPORAN PERUBATAN
MENYERTAI PROGRAM HEMODIALISIS)**

Patient's Name : _____
Patient's IC No. : _____

Physician's Name : _____
Physician's Clinic / Hospital : _____
Physician's Tel. No / Pager : _____

Etiology of ESRF : _____
Other medical illness : _____

Allergy : Yes (specify) _____ No

1. SUMMARY OF MEDICAL REPORT:

2. SPECIFIC QUESTIONS :

Is patient ambulant? : Yes No / If Not, Please Specify _____
Is patient fit for a transplant? : Yes No / Remarks _____

3. VASCULAR ACCESS : AV Fistula AV Graft Others Nil
Date Created : _____
In use : Yes No
Location of AV Fistula : Left Arm Right Arm Others, State.....

4. CURRENT TREATMENT : Conservative IPD CAPD Haemodialysis
Date of first dialysis : _____
Place of dialysis : _____

5. INVESTIGATIONS (Fill in and attach printed copy of results) :

HBsAg	:	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not done
Anti HBS	:	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not done
Anti HCV	:	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not done
HIV	:	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not done
MRSA Screen	:	<input type="checkbox"/>	Positive	<input type="checkbox"/>	Negative	<input type="checkbox"/>	Not done

***** Please attach a printed Lab Test Result of Hepatitis B, C and HIV, failing which application will not be considered**

Attached : Yes No (Reason) _____

Creatinine	:	_____	umol/l	Urea	:	_____	mmol/l
Potassium	:	_____	mmol/l	HCO ₃	:	_____	mmol/l
Calcium	:	_____	mmol/l	Phosphate	:	_____	mmol/l
ALT	:	_____	iμ/l	AST	:	_____	iμ/l
Albumin	:	_____	g/l	Hb	:	_____	g/dl

** Please attach CXR and ECG report

6. CURRENT MEDICATIONS :

7. OTHER COMMENTS :

Signature of Physician / Nephrologist
Name
Hospital Chop

Date



TERMS AND CONDITIONS FOR ADMISSION INTO NKF HAEMODIALYSIS PROGRAMME
SYARAT-SYARAT DAN PERATURAN UNTUK MASUK KE PROGRAM HEMODIALISIS NKF (YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA)

- a. Applicant is a Malaysian citizen.
Pemohon adalah warganegara Malaysia.
- b. Applicant is 18 years and above.
Pemohon adalah berusia 18 tahun ke atas.
- c. Applicant is ambulant (able to move about independently).
Pemohon boleh bergerak secara berdikari.
- d. Applicant has suitable functional vascular access.
Pemohon mempunyai fistula yang berfungsi dengan baik.
- e. Applicant has no other recourse to regular haemodialysis.
Pemohon tiada tempat lain untuk menjalani dialisis.
- f. Applicant is prepared to appear before the Patient Selection and Welfare Committee of NKF prior to being considered for the programme.
Pemohon sedia hadir di hadapan Jawatankuasa Pemilihan dan Kebajikan Pesakit NKF untuk dipertimbangkan memasuki program hemodialisis.
- g. Applicant must agree to a visit to his / her home by the Welfare Manager / Officer or an Officer nominated by the NKF with a view to verifying all information given.
Pemohon mestilah bersetuju dilawati oleh Pengurus / Pegawai Kebajikan atau seorang Pegawai yang dilantik oleh NKF untuk tujuan memastikan keterangan adalah benar.
- h. Applicant is prepared to pay treatment fee of RM90.00 per dialysis session on admission until the approval of **government subsidy** of RM50.00 per dialysis session is given by the Ministry of Health (MOH). NKF will henceforth charge RM40.00 per dialysis session.
*Pemohon bersetuju membayar RM90.00 bagi setiap kali dialisis dari tarikh kemasukan sehingga mendapat kelulusan **subsidi kerajaan** sebanyak RM50.00 bagi setiap kali dialisis diberi oleh Kementerian Kesihatan Malaysia (KKM). NKF seterusnya akan mengenakan bayaran sebanyak RM40.00 bagi setiap kali dialisis.*
- i. Applicant is prepared to pay an advance of RM270.00 for a week's treatment payable on the first session of each week before approval of government subsidy of RM50.00 per dialysis is given and an advance of RM120.00 payable on the first session of each week after approval from the Ministry of Health (**MOH**).
*Pemohon bersetuju membayar wang pendahuluan sebanyak RM270.00 bagi rawatan untuk seminggu dan wang pendahuluan perlu dibayar pada hari dialisis pertama setiap minggu sebelum kelulusan subsidi kerajaan sebanyak RM50.00 bagi setiap kali dialisis diberikan dan wang pendahuluan sebanyak RM120.00 perlu dibayar pada hari dialisis pertama setiap minggu selepas mendapat kelulusan daripada **Kementerian Kesihatan Malaysia (KKM)**.*

- j. Applicant may seek assistance from the Centre Manager / Staff Nurse In-Charge of the Dialysis Centre to apply for the government subsidy of RM50.00 from Ministry Of Health.
Pemohon boleh meminta bantuan daripada Pengurus / Jururawat Yang Menjaga Pusat Dialisis untuk memohon subsidi kerajaan sebanyak RM50.00 daripada Kementerian Kesihatan Malaysia.
- k. Applicant is prepared to pay treatment fee as stated above. This fee is subject to change by the NKF as and when it deems necessary. This amount is payable prior to treatment.
Pemohon bersetuju membayar yuran rawatan seperti yang tersebut di atas. Bayaran ini adalah tertakluk kepada perubahan oleh NKF jika dan apabila perlu. Bayaran ini hendaklah dibayar sebelum rawatan.
- l. Applicant who fails to obtain the subsidy approval from MOH will have to pay RM90.00 per dialysis while his appeal is referred to MOH for reconsideration. If the appeal to MOH is rejected, the case will be referred to the Patient Selection and Welfare Committee of NKF for its final decision to allow the patient to continue dialysis or terminate his dialysis treatment in NKF.
Pemohon yang gagal mendapat kelulusan daripada KKM perlu membayar RM90.00 bagi setiap kali dialisis sementara menunggu keputusan rayuan daripada KKM. Sekiranya rayuan daripada KKM ditolak, pemohon akan dirujuk kepada Jawatankuasa Pemilihan dan Kebajikan Pesakit untuk pertimbangan dan keputusan yang diberi samada membenarkan pesakit meneruskan dialisis atau memberhentikan pesakit daripada dialisis di NKF adalah muktamad.
- m. The selected patient must be willing to undergo 4 hourly dialysis 3 times a week at NKF Dialysis Centre at the dates and times fixed by the Centre.
Pemohon yang dipilih hendaklah bersetuju menjalani dialisis 4 jam setiap kali sebanyak 3 kali seminggu di Pusat Dialisis NKF pada tarikh dan masa yang ditetapkan oleh Pusat Dialisis.
- n. The patient shall be reviewed by NKF Welfare Manager / Officer as and when necessary at the discretion of NKF with regard to his / her suitability to continue the haemodialysis programme by regular payment of his / her dialysis fees.
Pesakit akan dikajisemula untuk menentukan kesesuaian menjalani rawatan dialisis oleh Pengurus / Pegawai Kebajikan NKF pada masa-masa yang diperlukan mengikut budibicara NKF dengan membayar yuran rawatan dengan tepat.
- o. No visitors are allowed into the Dialysis Centre without the consent of the Centre Manager / Staff Nurse In-Charge of the Centre.
Pelawat-pelawat tidak dibenarkan memasuki Pusat Dialisis tanpa kebenaran Pengurus / Jururawat Yang Menjaga Pusat Dialisis tersebut.
- p. The patient must be willing to sign a contract with the NKF before commencing the dialysis programme.
Pesakit hendaklah bersetuju menandatangani perjanjian dengan NKF sebelum menjalani rawatan dialisis.

- q. One or two guarantors (as determined by NKF) are required to undertake financial support with regards to the patient's payment of dialysis fees in the event of the patient's failure to pay his / her dialysis fees.
Seorang atau dua penjamin (akan ditentukan oleh NKF) diperlukan untuk membuat bayaran yuran rawatan pesakit jika pesakit gagal membuat bayaran yuran dialisisnya.
- r. The witness to the patient's signature should not be the spouse, sibling, children and parents of the patient.
Seorang saksi yang menyaksikan tandatangan pesakit tidak boleh terdiri daripada suami atau isteri, adik beradik, anak-anak dan ibubapa pesakit.