

NKF Rare Kidney Disease Subsidy

Medical Referral Form

A. Personal Information of Patient:

Name: _____

IC No.: _____ Tel. No. _____

Hospital: _____

Next of Kin: _____ Tel No: _____

B. Suspected Kidney Condition: _____

C. Diagnostic Procedure Required:

Disease	Test	Tick
Kidney Biopsy	Electron Microscopy	
Suspected Genetic Disease	Genetic Panel	
	Whole Genome Sequencing	
	Whole Exome Sequencing	
TMA	ADAMTS-13 (Local)*	
	ADAMTS-13 (Singapore)	
Nephrotic syndrome (membranous nephropathy)	PLA2R antibody (Qualitative)	
	PLA2R antibody (Quantitative)	
	Anti-THSD7A	
Complement-Mediated Glomerular Diseases	C1q	
	C5B-9	
	CH50	
ADPKD	MRI for height-adjusted total kidney volume (Ht-TKV) – plain	
	CT for height-adjusted total kidney volume (Ht-TKV)	
Others : To specify		

D. Quotation Attached (√): Cost of Diagnostic Procedure: _____

E. Place of Diagnostic Procedure: _____

F. Other Relevant Information:

Name of Nephrologist/Geneticist: _____

Signature: _____

Rubber Stamp:

Date: _____

E-Mail: _____

H/P: _____

APPLICATION FORM FOR NKF RARE KIDNEY DISEASE SUBSIDY PROGRAMME

1. Personal Information / *Maklumat Peribadi*

1. Full Name (Mr/Ms/Madam) / Nama Penuh (*Encik/Cik/Puan*): _____

2. Address / *Alamat* : _____

3. Nationality / *Warganegara* : _____ 4. Ethnic Group/*Keturunan*: _____

5. NRIC No. / *No. Kad Pengenalan*: _____ (Please attached NRIC/Sila lampirkan KP)

6. Date of Birth / *Tarikh Lahir* : _____ 7. Age / *Umur* : _____

8. Sex / *Jantina* : _____

9. Marital Status/*Taraf Perkahwinan*: Single/*Bujang* Married/*Berkahwin* Widowed /*Duda*
 Divorced/*Janda* Separated/*Berpisah*

10. Tel No. / *No. Tel* : _____ **Email:** _____

11. Next of Kin/Guardian / *Waris*: _____ Tel No. / *No. Tel*: _____

Photo

2. Employment Information / *Maklumat Pekerjaan* (Please Tick/*Sila Tandakan*)

- | | |
|--|---|
| <input type="checkbox"/> Employed Full Time / Bekerja Sepenuh Masa | <input type="checkbox"/> Employed Part-Time/ Bekerja Separuh Masa |
| <input type="checkbox"/> Self-Employed/Bekerja Sendiri | <input type="checkbox"/> Unemployed/Menganggur |
| <input type="checkbox"/> Retired/Bersara | <input type="checkbox"/> Medical Board/Lembaga Perubatan PERKESO |
| <input type="checkbox"/> Housewife/Suririmahtangga | <input type="checkbox"/> Student |
| <input type="checkbox"/> Not Applicable/Tidak Berkaitan | |

Present/Last Occupation/Pekerjaan Sekarang/Terakhir: _____

Income/Pendapatan: _____

3. Educational Background / *Latar Belakang Pendidikan* (Please Tick/*Sila Tandakan*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Not Applicable/Tidak Berkaitan | <input type="checkbox"/> Primary School/Sekolah Rendah | <input type="checkbox"/> Secondary School/Sekolah Menengah |
| <input type="checkbox"/> Pre-U/Pra Universiti | <input type="checkbox"/> University/Universiti | <input type="checkbox"/> Other / Lain-lain |

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NATIONAL KIDNEY FOUNDATION OF MALAYSIA Regd.No.659(Sel)
YAYASAN BUAH PINGGANG KEBANGSAAN MALAYSIA
馬來西亞腎臟基金會
மலேசிய தேசிய சிறுநீரக அறநிறுவனம்



5. Type of Accommodation / Jenis Kediaman (Please tick / Sila tandakan)

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

6. DECLARATION – I declare that:

PENGAKUAN – Saya mengaku bahawa:

- a) All the particulars given in this form are true and I have not withheld or falsified any information required.
Semua maklumat yang diberi dalam borang ini adalah benar dan saya tidak menyembunyikan atau memalsukan sebarang maklumat yang dikehendaki.
- b) I am aware that if I had suppressed or given any incorrect information, NKF reserves the right to provide financial assistance to me.
Saya sedar bahawa sekiranya saya didapati menyembunyikan atau memberi maklumat yang palsu, NKF berhak tidak memberi bantuan subsidi saya.
- c) I am receiving financial assistance from other charity organization(s) / *saya sedang menerima bantuan kewangan daripada badan amal yang lain:*

No / Tidak Yes / Ya

If yes, please specify name of organization(s)/sponsor(s)/sekiranya ya, sila nyatakan nama organisasi /

penaja: _____ Amount / Jumlah : RM _____ per
month/sebulan

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

Patient's Signature / Right Thumb Print

Tandatangan / Cap Jari Kanan Pesakit

Date / Tarikh: _____

	Welfare Manager / Officer's Recommendation	Date :
	<p><input type="checkbox"/> Pending – Supporting documents (NRIC/Bank Account Number/Quotation)</p> <p><input type="checkbox"/> Recommended for NKF Kidney Transplant Subsidy</p> <p>Name: _____ IC No.: _____</p> <p>Amount: _____</p> <p><input type="checkbox"/> Kidney Transplant Work Up at: _____ (Work Up List and Quotation attached)</p> <p><input type="checkbox"/> Subsistence (NRIC / Bank Account Number attached)</p> <p>Comments :</p>	
	Welfare Manager/Officer, NKF	
	Chief Executive Officer's Approval	Date :
	<p><input type="checkbox"/> Approval for NKF Kidney Transplant Subsidy:</p> <p>Name: _____ IC No.: _____</p> <p>Amount: _____</p> <p>(other approval details as above/quotation)</p> <p><input type="checkbox"/> Rejected: Reason _____</p> <p><input type="checkbox"/> Deferred: Reason _____</p> <p><input type="checkbox"/> Deferred for Patient Selection & Welfare Committee Meeting</p> <p>Comments :</p>	
	Chief Executive Officer, NKF	

WORKFLOW: NKF RARE KIDNEY DISEASE SUBSIDY

