RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Alport Syndrome and Type IV collagenopathies	Alport Syndrome definite or probable Alport carrier definite or probable Thin basement membrane nephropathy	None stated
APRT Deficiency	APRT Deficiency confirmed Abolished APRT enzyme activity or confirmed disease-causing mutation	None, if APRT Deficiency not confirmed
Bartter Syndrome types 1 and 2	Bartter Syndrome, infantile onset Hypokalaemic alkalosis, infantile onset without hypertension Hypokalaemic alkalosis, infantile onset with raised renin	Acidosis Persistent Hyperkalaemia
Bartter Syndrome type 3 Gitelman Syndrome	Bartter Syndrome type 3 Gitelman Syndrome Hypokalaemic alkalosis with hypomagnesaemia Hypokalaemic alkalosis with raised renin Hypokalaemic alkalosis without hypertension	Acidosis Hyperkalaemia
Bartter Syndrome Type 4	Bartter Syndrome, infantile onset with deafness Hypokalaemic alkalosis, infantile onset without hypertension with deafness Hypokalaemic alkalosis, infantile onset with raised renin, with deafness	Acidosis Persistent Hyperkalaemia

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Calciphylaxis	Any patient with a diagnosis of clinical diagnosis of Calciphylaxis; tissue diagnosis not required	None stated
Cystinosis (Nephropathic Cystinosis)	Cystinosis	None stated
Cystinuria	Biochemically proven cystine kidney stone Urinary cystine level greater than 3 times the reference range of the laboratory it was taken in Cystine crystals in the urine (biochemically proven)	Another cause of proximal tubular dysfunction accounting for the raised cystine level e.g Fanconi's syndrome
Dent Disease	Dent Disease	None stated
EAST syndrome (Epilepsy, Ataxia, Sensorineural deafness, Tubulopathy)	Gitelman/Bartter-type syndrome in childhood with epilepsy /ataxia	Normal CNS examination
Haemolytic Uraemic Syndrome - Atypical	Diarrhoea-negative HUS, includes congenital and familial HUS Renal biopsy showing a TMA and/or the triad of microangiopathic haemolytic anaemia, thrombocytopenia, renal failure.	Shiga toxin associated HUS Secondary causes: • Drugs • Infection (HIV, pneumonia, streptococcus) • Transplantation (bone marrow, liver, lung, cardiac but not de-novo renal) • Cobalamin deficiency • SLE • APL Ab syndrome • Scleroderma • ADAMTS13 antibodies or deficiency

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Haemolytic Uraemic Syndrome - Shiga toxin (Verocytotoxin)-associated	Acute kidney injury (AKI) with elevated creatinine for age and/or oligoanuria (urine output <0.5ml/kg/hr over 24hr period) with either: • Microangiopathic haemolytic anaemia (MAHA) - defined as Hgb < 10mg/dl with fragmented RBCs • Thrombocytopaenia - defined as platelet count less than 130, 000 x 10 9/l and/or • Occurring with Shiga-toxin producing E Coli (STEC) infection defined as: • Positive STEC culture • Positive PCR for Stx gene directly from a faecal specimen • Positive antibodies to the lipopolysaccharide • antigen of E. coli serogroups O157, O26, O103, O111 and O145	Septicaemia Malignant hypertension Primary vascular disease Familial HUS not being part of the same
Hepatocyte Nuclear Factor-1B mutation	Hepatocyte nuclear factor-1B mutation Renal cysts and diabetes (RCAD) Inherited genetic diabetes type 2 (MODY 5).	None stated

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Hyperoxaluria (Primary hyperoxaluria, Oxalosis)	Primary Hyperoxaluria Type1 Primary Hyperoxaluria Type 2 Primary Hyperoxaluria Type 3 Primary Hyperoxaluria awaiting genetic confirmation (Urine oxalate excretion ≥ 0.8 mmol/1.73 m^2/24 hrs) Primary Hyperoxaluria Unclassified Primary Hyperoxaluria Unclassified but with systemic oxalate deposition	Secondary hyperoxaluria associated with gastrointestinal disease Renal failure without systemic oxalate deposits
Hyperuricaemic Nephropathy (Primary/Familial Hyperuricaemic nephropathy) **Medullary cystic kidney disease**	Autosomal Dominant Tubulointerstitial Kidney Disease (ADTKD; previously known as FUAN) Familial juvenile hyperuricaemic nephropathy Familial gouty nephropathy Familial urate nephropathy Familial interstitial nephropathy Uromodulin-associated nephropathy Medullary cystic kidney disease (type I or II)	None stated
IgA Nephropathy	Biopsy proven IgA Nephropathy plus proteinuria >0.5g/ day or eGFR<60ml/min	All forms of secondary IgA nephropathy, including Henoch Schonlein purpura

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Liddle syndrome	Liddle syndrome Hypertension with hypokalaemia, suppressed aldosterone Hypertension with suppressed aldosterone Autosomal dominant hypertension, suppressed aldosterone	Hyperaldosteronism
Lowe Syndrome	Lowe Syndrome	None Stated
Membranoproliferative glomerulonephritis **Mesangiocapillary glomerulonephritis** **Dense Deposit Disease** **C3 Glomerulonephritis** **C3 Glomerulopathy**	Child or adult with histological finding of: MPGN Type I Dense Deposit Disease (morphological pattern may or may not be MPGN) Other pattern of MPGN C3 Glomerulonephritis (Characterised by C3 deposits in the absence of immunoglobulin with electron dense deposits (morphological pattern may or may not be MPGN) Unclassified GN with capillary wall immune deposits	MPGN known to be secondary to: Chronic bacterial infection Hepatitis B or C infection Malignancy Systemic lupus erythematosus (by ACR criteria)
Membranous Nephropathy	Membranous nephropathy confirmed by kidney histology	Lupus nephritis

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Nephrotic Syndrome - Steroid Sensitive or Steroid Resistant **(Congenital nephrotic syndrome, nephrotic syndrome with focal segmental glomerulosclerosis)**	Children and adults with idiopathic Nephrotic Syndrome (nephrotic range proteinuria and hypoalbuminaemia) Congenital NS (presumed Steroid Resistance) Childhood or adult onset with primary Steroid Resistance Childhood or adult onset with late onset Steroid Resistance Steroid Sensitive Nephrotic Syndrome (full or partial remission in response to steroids) As part of a syndrome e.g. Nail Patella Syndrome and Denys-Drash Syndrome Those with a biopsy diagnosis of FSGS or minimal change disease can be included if they fall in the above categories but biopsy is not a prerequisite for inclusion.	Secondary causes of Nephrotic Syndrome • Primary diagnosis of Glomerulonephritis (IgA Nephropathy, Membranoproliferative Glomerulonephritis, Membranous Nephropathy) • Vasculitis • Systemic Lupus Erythematosus • Diabetes • Obesity • Hypertension
Polycystic Kidney Disease - Autosomal Dominant	Clinical features of Autosomal Dominant Polycystic Kidney Disease meeting current image based diagnostic criteria Clinical features compatible with ADPKD in the absence of a family history Pathogenic or likely pathogenic PKD1 or PKD2 mutation with or without clinical features	Autosomal dominant polycystic liver disease with no evidence of renal cysts
Polycystic Kidney Disease - Autosomal Recessive	Autosomal Recessive Polycystic Kidney Disease Congenital Hepatic Fibrosis Caroli Syndrome with kidney malformation or cyst	None stated

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Pregnancy and Chronic Kidney Disease	Pregnancy in all women known to have CKD 1-5 prior to pregnancy or those with a serum creatinine >85umol/l on two occasions during pregnancy Pregnancy in all women with renal transplants regardless of function Pregnancy in all women with previous or current lupus nephritis regardless of function	None stated
Pure Red Cell Aplasia	Treatment with any injectable form of erythropoiesis stimulating agent for at least four weeks. Haemoglobin <70 g/l without transfusion or transfusion dependence. Normal leucocyte and platelet count Reticulocyte count < 20.000 / mm3 Bone marrow aspirate showing well preserved myeloid and megakaryocyte development, and <5% erythroblasts. Presence of anti-erythropoietin antibodies.	Pre-established PRCA due to myeloproliferative disorder

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Retroperitoneal Fibrosis	Any radiologically confirmed retroperitoneal fibrosis (RPF), presumed to be 'idiopathic' or associated with primary conditions including (but not exclusively): ▪ Aortitis ▪ Periaortitis ▪ IgG4-related Vasculitis ▪ Perivascular fibrosis ▪ Atherosclerotic or aneurysmal disease **Note:** There is no specific ICD code for retroperitoneal fibrosis although the diagnosis term links to two ICD codes: ▪ ICD10:N13.5 - Crossing vessel and stricture of ureter without hydronephrosis ▪ ICD-9-CM 593.4 - Other ureteric obstruction	Neoplastic disease within retroperitoneal fibrosis mass defined histologically
Vasculitis (Primary systemic Vasculitis)	**Small vessel Vasculitis (ANCA associated)** Microscopic polyangiitis (including renal limited Vasculitis) Granulomatosis with polyangiitis (Wegener) Eosinophilic granulomatosis with polyangiitis (Churg Strauss) ANCA Vasculitis unclassified	None stated

RaDaR Inclusion and Exclusion Criteria

Diagnosis	Inclusion Criteria	Exclusion Criteria
Vasculitis (Primary systemic Vasculitis)	**Small vessel Vasculitis (Immune complex)** anti-GBM disease Cryoglobulinemic Vasculitis IgA Vasculitis (Henoch-Schönlein) **Medium vessel Vasculitis** Classical PAN Kawasaki disease **Large vessel Vasculitis** Giant cell arteritis Takayasu's arteritis **Variable vessel Vasculitis** Behçet's disease Cogan's syndrome **Single organ Vasculitis** Isolated aortitis Primary cerebral angiitis	None stated