Table S1. Possible indications for renal biopsy.

indications
Microscopic haematuria
Urologically unexplained macroscopic haematuria
Proteinuria
Nephrotic syndrome
Impaired kidney function
Hypertension
Possible renal involvement in systemic disease in:
multiple myeloma
monoclonal gammopathy of uncertain significance
systemic lupus erythematosus
antiphospholipid syndrome
diabetes
systemic vasculitis
scleroderma

Table S2. Contraindications to renal biopsy

Contraindication	**Reason**
Relative:	
Hypertension	Poorly controlled hypertension thought to increase risk of bleeding
Renal asymmetry	Suggestive of a process causing differential loss of renal mass (eg reflux nephropathy, atherosclerotic renal artery stenosis – although both these can cause proteinuria)
Decreased renal size (usually assessed as bipolar length on ultrasound)	Suggestive of chronic (therefore irreversible) renal damage, predictive of nonspecific fibrotic changes on biopsy Increased risk of complications reported in most series.
Single kidney	Accepted wisdom, based on the fact that the patient will be put into renal failure if there is irreversible damage to the kidney; however, if the patient appears likely to go into renal failure if left untreated, there is less to lose, and a biopsy may be justified if it might disclose a treatable condition

Unco-operative patient	Increased risk of complications if the patient cannot reliably stop breathing during needle puncture. Consider alternatives including biopsy under general anaesthetic, transvenous biopsy
Hydronephrosis	Obstructive nephropathy may be the cause of the renal disease (though seldom causes proteinuria) and should be investigated and treated first Increased risk of macroscopic haematuria due to biopsy needle penetrating renal pelvis or calyces
Suspected upper urinary tract infection	Urinary tract infection with white cell casts should be treated with antibiotics Active infection would contraindicate immunosuppressive treatment Biopsy might spread infection or be complicated by perinephric abscess formation
Absolute:	
Uncorrected coagulopathy	If biopsy is imperative, consider transvenous biopsy rather than percutaneous.

Table S3. Comparison of the results of Tibc, Fe and TS of anemic and non-anemic patients with IgA nephropathy

Laboratory results	Anemic n=177	Non-anemic n=81	P-value
Tibc (μmol/L)	50.4±8.0	45.7±8.7	0.000
Fe (μmol/L)	18.6(14.6-22.8)	14.3(10.7-17.6)	0.000
TS (%)	0.36(0.28-0.46)	0.33(0.24-0.42)	0.093