

DAC Fistula Study Form 352 –Access Repair / Access Event Procedure Form

This form is completed whenever a thrombosis occurred and/or access procedure designed to maintain or restore access function is done. If a thrombosis occurred, complete this form after you know whether a procedure was done to attempt to restore the access function.

1. Patient Identification Number..... _ _ _ _ _
2. Patient Name Code _ _ _ _ _
3. Date of access procedure _ _ / _ _ / _ _ _ _
Note: If a thrombosis occurred and there was no procedure done, enter here the date of thrombosis. If "other" even occurred and no procedure done, enter date of "other" event.
4. a. Did any event happen to the fistula?(0=no, 1=yes) _
b. If q. 4a=Yes, what was the event? _
 1 = ligated for steal syndrome 2 = ligated for infection
 3 = ligated for aneurysm 4 = thrombosed
 5 = other, specify _____
c. If q. 4b=1-4, date the fistula thrombosed / was ligated..... _ _ / _ _ / _ _ _ _
d. If q. 4b=4 (thrombosis), was this confirmed by a member of the DAC study team? (0=no, 1=yes) _
e. If q. 4d=Yes, date staff confirmed _ _ / _ _ / _ _ _ _
f. If q. 4d=Yes, who confirmed the thrombosis _ _ _ _ _
5. What was the revision that was done on the fistula? _
 0 = none
 1 = surgical
 2 = non-surgical
 3 = both surgical and non-surgical
6. Was there use of graft material? (0=no, 1=yes)..... _
7. Was the anastomosis revised? (0=no, 1=yes) _
8. Was a different artery used? (0=no, 1=yes) _
9. Was a different vein used? (0=no, 1=yes) _
10. a. Surgical thrombectomy? (0=no, 1=yes)..... _
 b. If yes, was it successful? (0 = no, 1 = yes) _
11. Ligation of collateral veins? (0=no, 1=yes) _
12. Radiologic angioplasty? (0=no, 1=yes) _
13. a. Radiologic thrombectomy? (0=no, 1=yes) _
 b. If yes, was it successful? (0 = no, 1 = yes) _
201. Date this form completed..... _ _ / _ _ / _ _ _ _
202. User ID of person completing this form _ _ _ _ _

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Clinical Center Use Only

Date Form Entered ___/___/___

Person Entering this Form _____