

DAC Study Form 307 – DAC Fistula Study Dialysis Status Check Form

This form should be completed for “active” **incident** patients randomized at least 120 days ago. “Active” **incident** patients are patients who are not lost to follow-up and their fistula was not abandoned at the time of the patency assessment. This form should be completed monthly until the start of dialysis is reported (q.4=1).

- 1. Patient Identification Number..... _ _ _ _ _
- 2. Patient Name Code _ _ _ _ _
- 3. a. Status check number _ _
b. Status check date..... _ _ / _ _ / _ _ _ _
- 4. Did the patient start dialysis within the last month (0=no, 1=yes)? _
- 5. If q. 4=yes, when did the patient start dialysis?..... _ _ / _ _ / _ _ _ _

- 201. Date this form completed _ _ / _ _ / _ _ _ _
- 202. User ID of person completing this form _ _ _ _ _

Clinical Center Use Only
Date Form Entered _ _ / _ _ / _ _ _ _
Person Entering this Form _____