

DAC Study Form 310 – DAC Fistula Study Suitability QC Check Form

This form should be completed for patients for whom either a) it is reported on Form 305 the fistula is not being used at the end of the suitability ascertainment period, but will be used in the future, or b) the fistula was being used during the suitability ascertainment period but did not fulfill the DAC Fistula Study criteria for suitability. The form should be filled out for the first dialysis session monthly for four consecutive months after the suitability ascertainment period.

1. Patient Identification Number.....
2. Patient Name Code
3. Month number.....
(Note: Begin with month 1 for the start of the first month after suitability ascertainment)
4. Patient Status.....
1 = Patient being followed on hemodialysis 2 = Patient has a functioning transplant
3 = Patient is on PD 4 = Patient is completely lost to follow up
- 5a. Date of first dialysis session for this calendar month? (mm/dd/yyyy) .. __ __ / __ __ / __ __ __ __
(Note: If the patient received a transplant or switched to PD, enter the date of the transplant or switch. If the patient is completely lost to follow up, enter the first day of the month.)
- 5b. Was the study fistula used for dialysis during this session?
0 = No, some other access was used 1 = Yes, the study access was used 2 = Couldn't tell
6. If possible, review surgical, interventional radiology, or other records, and check:
Has another access been placed recently?
(Note: The first time this form is used, check from the time the study access was placed until now. For the second, third, and fourth times this form is used, check for the last month.)
1 = Yes, a new access has been placed
2 = The records were checked and there was no evidence that another access has been placed
3 = Records could not be checked
7. Did the run sheet or other records mention the presence of a catheter? (0=no, 1=yes).....
8. Access dressing documentation status during the session
0 = No documentation saying access dressing was changed 1 = Access dressing was changed
9. Using the run sheet or other records: what needle size was used at the session?
(Note: Use "99" for "nothing noted")
10. Status of fistula abandonment: was there any indication on the run sheet or other records?
1 = There was an indication that the fistula has not been abandoned and may be used in the future.
2 = There was an indication that the fistula has been abandoned.
3 = Nothing noted

Note: Once the fistula has been abandoned (Item 10 = 2) or the patient has become completely lost (Item 4 = 4), no additional Form 310's need to be completed.

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

| | |
|---------------------------|-----------------------|
| Clinical Center Use Only | |
| Date Form Entered | __ / __ / __ __ __ __ |
| Person Entering this Form | _____ |