Data Set Name: f100.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
2	VAC_WHEN	Num	8	2.	2.	2. are nephrologists involved with decisions on when to refer patients to surgery for vascular access placement? (0=no, 1=yes)
3	VAC_WHERE	Num	8	2.	2.	3. are nephrologists involved with decisions on where to refer patients to surgery for vascular access placement? (0=no, 1=yes)
4	VAC_TYPE	Num	8	2.	2.	4. Type of officially designated vascular access coordinator at this facility?
5	CC_PRACTICE_YN	Num	8	YN.	2.	14. Does this clinical center have a usual practice for the number and frequency of post-op visits to the surgeon?
6	CC_PRACTICE	Num	8	2.	2.	15. what is the usual practice?
7	CC_PROTOCOL_YN	Num	8	YN.	2.	16. Does this clinical center have any usual post-op protocol?
8	CC_BALL	Num	8	CC_PROTOCOL_FMT.	2.	17a. Patient is instructed to squeeze a ball
9	CC_APLT_ASSIST	Num	8	CC_PROTOCOL_FMT.	2.	17b. Patient is prescribed post-op antiplatelet agents to assist in patency
10	CC_NONAPLT_ASSIST	Num	8	CC_PROTOCOL_FMT.	2.	17c. Patient is prescribed anticoagulants, such as Warfarin, to assist in patency
11	CC_NONAPLT_OTH	Num	8	CC_PROTOCOL_FMT.	2.	17d. Patient is prescribed post-op drugs other than antiplatelets and antithrombotic agents for some other reason
12	CC_US_YN	Num	8	YN.	2.	18. Does this clinical center have a routine policy on post-op ultrasounds?
13	CC_US	Num	8	CC_US_FMT.	2.	19. what is this clinical center's routine policy?

Data Set Name: f101.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
2	SURG_SUBSPEC_CERT	Num	8	YN.	2.	8. Does this surgeon have sub-specialty board certification(s)? (0=no, 1=yes)
3	SURG_SUBSPEC_GEN	Num	8	YN.	2.	9a. surgeon board certified for General (0=no, 1=yes)
4	SURG_SUBSPEC_VAS	Num	8	YN.	2.	9c. surgeon board certified for Vascular (0=no, 1=yes)
5	SURG_SUBSPEC_CT	Num	8	YN.	2.	9e. surgeon board certified for Cardiothoracic (0=no, 1=yes)
6	SURG_SUBSPEC_TX	Num	8	YN.	2.	9g. surgeon board certified for Transplant (0=no, 1=yes)
7	SURG_SUBSPEC_OTH	Num	8	YN.	2.	9i. surgeon board certified for other (0=no, 1=yes)
8	SURG_SUBSPEC_OTH_SPEC	Char	100	$100.	$100.	9i. surgeon board certified for other (specified)
9	SURG_PRE_US_MAP	Num	8	SURG_POST_US_GENERAL_FMT.	2.	10. surgeon generally use pre-operative ultrasound mapping?
10	SURG_POST_US_GENERAL	Num	8	SURG_POST_US_GENERAL_FMT.	2.	11. surgeon generally use post-operative ultrasounds of any kind?
11	SURG_POST_US_ROUTINE	Num	8	SURG_POST_US_ROUTINE_FMT.	2.	12. surgeon's usual routine for post-op ultrasounds
12	SURG_POST_VISITS	Num	8	SURG_POST_VISITS_FMT.	2.	13. the usual practice for the number and frequency of post-op visits to the surgeon?
13	SURG_BALL	Num	8	POST_OP_PROTOCOL_FMT.	2.	14a. Patient is instructed to squeeze a ball
14	SURG_APLT_ASSIST	Num	8	POST_OP_PROTOCOL_FMT.	2.	14b. Patient is prescribed post-op antiplatelet agents to assist in patenc
15	SURG_NONAPLT_ASSIST	Num	8	POST_OP_PROTOCOL_FMT.	2.	14c. Patient is prescribed post-op drugs other than antiplatelets to assist in patency
16	SURG_NONAPLT_OTH	Num	8	POST_OP_PROTOCOL_FMT.	2.	14d. Patient is prescribed post-op drugs other than antiplatelets for some other reason
17	SURG_AVF_2007	Num	8	4.	4.	15. # new AVFs surgeon created in 2007
18	SURG_AVF_2008	Num	8	4.	4.	16. # new AVFs surgeon created in 2008
19	SURG_AVF_2009	Num	8	4.	4.	17. # new AVFs surgeon created in 2009

Data Set Name: f110.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	DU_ID	Char	5	$5.	$5.	1a. HFM Study ID of dialysis unit
2	CC_N	Num	8	CC_N_FMT.	3.	2. Clinical Center Number
3	VAC_NEPH	Num	8	YN.	2.	7a. At this dialysis unit, are the nephrologists involved with decisions on when and where to refer patients to surgery for vascular access placement?
4	VAC	Num	8	YN.	2.	7b. Is there a specified vascular access coordinator at this dialysis unit?
5	VAC_SCHED	Num	8	YN.	2.	7d. If yes, does the vascular access coordinator participate in scheduling referrals, evaluations and surgery?
6	RURAL_URBAN	Num	8	RURAL_URBAN_FMT.	2.	8. Is this unit rural, suburban or urban?
7	STATION_N	Num	8	4.	4.	9a. How many stations are currently used at this unit?
8	PTS_WK_N	Num	8	4.	4.	9b. How many (total) chronic hemodialysis patients are treated per week at this unit?
9	CANN_DECIDE	Num	8	2.	2.	10. At this unit, who decides when a new access is ready to be cannulated?
10	CANN_PROC	Num	8	YN.	2.	11. Does this unit have a written protocol specifying the procedure for initial cannulation of fistula?
11	CANN_WHO	Num	8	CANN_WHO_FMT.	2.	12. For the first cannulation of a fistula, does this unit have a usual protocol for who does the initial cannulation?
12	CANN_NEEDLE	Num	8	CANN_NEEDLE_FMT.	2.	13. For the first cannulation of a fistula, does this unit have a usual protocol for needles?
13	SINGLE_NEEDLE	Num	8	SINGLE_NEEDLE_FMT.	2.	14. In this unit, how many sessions will the nurse/technician typically use a single needle before cannulating with two needles?
14	GAUGE	Num	8	GAUGE_FMT.	2.	15. For the first cannulation of a fistula, does this unit have a usual protocol for gauge?
15	GAUGE_INCR	Num	8	GAUGE_INCR_FMT.	2.	16. In this unit, how many sessions are usually done before the nurse/technician typically increases needle gauge to size that is expected to be used routinely?
16	PUMP_SPEED	Num	8	PUMP_SPEED_FMT.	2.	17. For the majority of the dialysis session, what blood pump speed is used for the initial cannulation?
17	PUMP_SPEED_INCR	Num	8	PUMP_SPEED_INCR_FMT.	2.	18. In this unit, how many sessions are usually done before the nurse/technician typically increases pump speed to that which is expected to be used routinely?
18	BUTTONHOLE	Num	8	BUTTONHOLE_FMT.	2.	19. What portion of the time is the Buttonhole technique done?

Data Set Name: f112.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SF_ID	Char	5	$5.	$5.	1a. HFM Study ID of this surgical facility
2	CC_N	Num	8	CC_N_FMT.	3.	2. Clinical Center Number
3	SETTING	Num	8	2.	2.	5. This practice setting would be classified as
4	VAC	Num	8	2.	2.	6a. Is there a vascular access coordinator specifically assigned to this facility?
5	VAC_SCHED	Num	8	2.	2.	6c. Does the access coordinator participate in scheduling referrals, evaluations and surgery?
6	IRB	Num	8	2.	2.	7a. Is this surgical facility under the primary IRB for the clinical center?
7	IRB_ID	Num	8	4.	4.	7b. If not, ID of the IRB this surgical facility unit is under Enter IRB approval data on HFM Study IRB Form 120.
8	AVF_2007	Num	8	4.	4.	8. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2007?
9	AVF_2008	Num	8	4.	4.	9. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2008?
10	AVF_2009	Num	8	4.	4.	10. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2009?

Data Set Name: f201.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date of Visit
4	CONSENT	Num	8	2.	2.	4a. Is patient considered capable of giving informed consent?
5	CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	4b. Date patient signed consent for the HFM Study
6	SERUM_CONSENT	Num	8	2.	2.	5a. Did patient consent to allow serum to be sent to the NIDDK/UK biospecimen repository?
7	SERUM_CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	5b. If yes, date patient signed biospecimen consent
8	VT_CONSENT	Num	8	2.	2.	6a. Did patient consent to allow vein tissue specimens to be stored?
9	VT_CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	6b. If yes, date patient signed vein tissue consent
10	DNA_CONSENT	Num	8	2.	2.	7a. Did patient consent to allow blood to be sent to the NIDDK/UK DNA repository?
11	DNA_CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	7b. If yes, date patient signed DNA consent
12	SSN_CONSENT	Num	8	2.	2.	8a. Did this patient consent to allow use of his/her Social Security Number for use for future linkage to the USRDS?
13	SSN_CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	8b. If yes, date patient signed that consent
14	NAME_DOB_CONSENT	Num	8	2.	2.	8c. If no, did this patient consent to allow use of his/her name and birthdate for future linkage to the USRDS?
15	NAME_DOB_CONSENT_DT	Num	8	DATETIME20.	DATETIME20.	8d. If yes, date patient signed that consent
16	GENDER	Num	8	GENDER_FMT.	2.	9. Sex
17	DIAL_STAT	Num	8	DIAL_STAT_FMT.	2.	10. Chronic dialysis status
18	BIRTH_DT	Num	8	DATETIME20.	DATETIME20.	11. Date of birth
19	AVF	Num	8	YN.	2.	12a. Will this patient receive an autogenous upper extremity AVF by a surgeon participating in the study?
20	SINGLE_STEP	Num	8	YN.	2.	13. Will this be a single-step surgery?
21	SURG_SET	Num	8	YN.	2.	14. Has the surgery date been set?
22	SURG_DT	Num	8	DATETIME20.	DATETIME20.	15. If yes, what is the date
23	SURG_LOC	Char	5	$5.	$5.	16. Location (surgical facility) where the fistula will be created
24	LIFE_EXP_9MO	Num	8	YN.	2.	17. Does the Principal Investigator of your Clinical Center confirm that he or she believes that this patient has a life expectancy of at least 9 months?
25	DIAL_UNIT	Char	5	$5.	$5.	18. Patient's current or planned dialysis unit

Num	Variable	Type	Len	Format	Informat	Label
26	DIAL_9MO	Num	8	YN.	2.	19. Does this patient plan to be dialyzing at this dialysis unit for at least nine months after fistula creation?
27	AVAIL_2WKS	Num	8	YN.	2.	20. Will this patient be in town and available for ultrasound studies 2 weeks after AVF creation surgery?
28	AVAIL_6WKS	Num	8	YN.	2.	21. Will this patient be in town and available for ultrasound studies 6 weeks after AVF creation surgery?
29	OTH_REQ	Num	8	YN.	2.	22. Is this patient able to meet all other study protocol requirements?
30	ELIGIBLE	Num	8	ELIGIBLE_FMT.	2.	23. Do these screening data show that the patient is eligible to participate in the study?
31	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
32	SURGEON_ID	Num	8			12b. If yes, HFM Study surgeon ID

Data Set Name: f202.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	RACE	Num	8	2.	2.	5. Race
8	HISP_LAT	Num	8	YN_II.	2.	6.Hispanic or Latino ethnicity?
9	PRIM_LANG	Num	8	PRIM_LANG_FMT.	3.	7. Patient's primary language?
10	SPEAK_ENG	Num	8	YN.	2.	8. Can the patient speak English?
11	READ_ENG	Num	8	YN.	2.	9. Can the patient read English?
12	SPEAK_SPA	Num	8	SPEAK_SPA_FMT.	2.	10. Can the patient speak Spanish?
13	READ_SPA	Num	8	SPEAK_SPA_FMT.	2.	11. Can the patient read Spanish?
14	TELEPHONE	Num	8	TELEPHONE_FMT.	2.	12. Can the patient himself/herself communicate by telephone?
15	MARITAL	Num	8	MARITAL_FMT.	2.	13. Marital status
16	HH_FAMILY	Num	8	YN_II.	2.	14a. Lives with family
17	HH_ALONE	Num	8	YN_II.	2.	14b. Lives alone
18	HH_OTHERS	Num	8	YN_II.	2.	14c. Lives with others
19	HH_HOMELESS	Num	8	YN_II.	2.	14d. Homeless
20	EDUCATION	Num	8	EDUCATION_FMT.	2.	15. Highest level of formal education achieved?
21	EMPLOYED	Num	8	YN_II.	2.	16. Has the patient ever been employed for pay?
22	LAST_EMPLOYED	Num	8	5.	5.	17. What was the last year the patient was employed?
23	CURR_WORK	Num	8	CURR_WORK_FMT.	3.	18. Current work status
24	HH_INCOME	Num	8	HH_INCOME_FMT.	2.	19. Current household gross annual income?
25	HOME_ZIP	Char	15	$15.	$15.	20a. Zip code of patient's home
26	INSURANCE	Num	8	INSURANCE_FMT.	2.	21. Does this patient have any kind of health insurance?
27	MEDICARE	Num	8	YN.	2.	22a. Medicare health insurance
28	MEDICAID	Num	8	YN.	2.	22b. Medicaid or State Medical Assistance
29	OTH_PROG	Num	8	YN.	2.	22c. State or county program other than Medicaid
30	EMPLOYER	Num	8	YN.	2.	22d. Employer-sponsored or retiree health plan
31	PRIVATE	Num	8	YN.	2.	22e. Privately-purchased policy
32	VETERAN	Num	8	YN.	2.	22f. Veterans benefit, TriCare or military health plan
33	DIAL_MEDICARE	Num	8	YN_II.	2.	23a. Is Medicare paying for this patient's dialysis?
34	REASON	Num	8	REASON_FMT.	2.	23b. If 'no' to Q23a, why not?
35	HT_CM	Num	8	6.1	6.1	24a. Most recent measured or estimated height (cm)

Num	Variable	Type	Len	Format	Informat	Label
36	ACTUAL	Num	8	ACTUAL_FMT.	2.	24b. Is this an actual (measured) height?
37	HT_DT	Num	8	DATETIME20.	DATETIME20.	24c. Date height measured/estimated
38	L_LEG_AMP	Num	8	L_LEG_AMP_FMT.	2.	25a. Left
39	L_LEG_RSN	Num	8	L_LEG_RSN_FMT.	2.	25b. L Reason
40	R_LEG_AMP	Num	8	R_LEG_AMP_FMT.	2.	25c. Right
41	R_LEG_RSN	Num	8	R_LEG_RSN_FMT.	2.	25d. R Reason
42	WRITE	Num	8	WRITE_FMT.	2.	26. Ask patient: What hand do you usually write or eat with?
43	DIABETES	Num	8	YN.	2.	27. Does the patient have a previous history of diabetes?
44	DIABETES_YR	Num	8	5.	5.	28. If yes, estimated year of diagnosis
45	DIABETES_TRT	Num	8	2.	2.	29. If yes, current treatment for diabetes
46	CHF	Num	8	YN.	2.	30a. History of congestive heart failure
47	MI	Num	8	YN.	2.	30b. History of myocardial infarction
48	ANGINA	Num	8	YN.	2.	30c. History of angina
49	BYPASS	Num	8	YN.	2.	30d. Prior coronary artery bypass surgery
50	ANGIOPLASTY	Num	8	YN.	2.	30e. Prior percutaneous coronary intervention (angioplasty)
51	CEA	Num	8	YN.	2.	30f. Prior carotid endarterectomy
52	CA_ANGIO	Num	8	YN.	2.	30g. Prior carotid artery angioplasty
53	CA_ARRHY	Num	8	YN.	2.	30h. History of cardiac arrhythmias or conduction problems
54	TIA	Num	8	YN.	2.	30i. History of stroke or TIA
55	HTN	Num	8	YN.	2.	30j. History of hypertension
56	CLAUD	Num	8	YN.	2.	30k. History of claudication
57	HYPERCOAG	Num	8	YN.	2.	30l. Known hypercoagulable state
58	LOW_BYPASS	Num	8	YN.	2.	30m. History of lower extremity angioplasty or bypass surgery
59	DVT	Num	8	YN.	2.	30n. History of deep venous thrombosis
60	PE	Num	8	YN.	2.	30o. History of pulmonary embolism
61	PUD	Num	8	YN.	2.	30p. Peptic ulcer disease diagnosed within the preceding 3 months
62	IBD	Num	8	YN.	2.	30q. History of inflammatory bowel disease
63	CLD	Num	8	YN.	2.	30r. History of chronic liver disease
64	VASCULITIS	Num	8	YN.	2.	30s. History of vasculitis
65	SLE	Num	8	YN.	2.	30t. History of Systemic Lupus Erythmatosus (SLE)
66	SCLERODERMA	Num	8	YN.	2.	30u. History of scleroderma
67	HYPERLIPIDEMIA	Num	8	YN.	2.	30v. History of dyslipidemia
68	HIV	Num	8	YN.	2.	30w. HIV positive
69	CONDITION1	Char	150	$150.	$150.	30x. Other major comorbidity 1

Num	Variable	Type	Len	Format	Informat	Label
70	MEDRA_CODE1	Num	8	9.	9.	30x. Other major comorbidity 1, code with MedDRA code)
71	CONDITION2	Char	150	$150.	$150.	30y. Other major comorbidity 2
72	MEDRA_CODE2	Num	8	9.	9.	30y. Other major comorbidity 2, code with MedDRA code)
73	SMOKE	Num	8	SMOKE_FMT.	2.	31. Cigarette smoking status
74	SMOKE_YRS	Num	8	5.1	5.1	32. Total number of years smoked
75	SMOKE_PACKS	Num	8	4.1	4.1	33. Number of packs per day
76	SMOKE_LAST	Num	8	4.	4.	34. For former smokers only: months since last smoked
77	IV_DRUG	Num	8	YN_III.	2.	35. Is there a history of IV recreational drug use or does the patient currently use IV recreational drugs?
78	OTH_DRUG	Num	8	YN_III.	2.	36. Is there a history of other recreational drug use or does the patient currently use other recreational drugs?
79	ALCOHOL	Num	8	YN_III.	2.	37. Is there a history of alcohol abuse or does the patient currently abuse alcohol?
80	COMPLY_APPT	Num	8	YN_II.	2.	38. Does this patient generally comply with medical appointments?
81	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
82	CONDITION3	Char	150	$150.	$150.	30z1. Other major comorbidity 3
83	MEDRA_CODE3	Num	8	9.	9.	30z1. Other major comorbidity 3, code with MedDRA code)
84	CONDITION4	Char	150	$150.	$150.	30z2. Other major comorbidity 4
85	MEDRA_CODE4	Num	8	9.	9.	30z2. Other major comorbidity 4, code with MedDRA code)

Data Set Name: f203.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	DIAL_STATUS	Num	8	YN.	2.	5. Is the patient currently on dialysis?
8	HT_CM	Num	8	4.	4.	6. Height (cm)
9	WT_KG	Num	8	7.1	7.1	7. Weight (kg)
10	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f204.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	RENAL_DIAG	Num	8	RENAL_DIAG_FMT.	3.	5. Primary underlying renal diagnosis if known
8	KID_TX	Num	8	YN.	2.	6a. Has this patient ever received a kidney transplant?
9	KID_TX_DT	Num	8	DATETIME20.	DATETIME20.	6b. If yes, date of most recent transplant
10	KID_TX_WAIT	Num	8	KID_TX_WAIT_FMT.	2.	7. Is this patient on a transplant waiting list?
11	HEMO_D	Num	8	YN.	2.	8a. Has this patient ever received chronic hemodialysis?
12	HEMO_D_YRS	Num	8	5.1	5.1	8b. If yes, total number of years undergoing hemodialysis?
13	PERI_D	Num	8	YN.	2.	9a. Has the patient ever received peritoneal dialysis therapy?
14	PERI_D_YRS	Num	8	5.1	5.1	9b. If yes, total number of years undergoing peritoneal dialysis therapy?
15	DIAL_STAT	Num	8	DIAL_STAT_FMT.	2.	10. Status regarding type of dialysis
16	HEMO_PERI	Num	8	HEMO_PERI_FMT.	2.	11. Was first dialysis hemodialysis or peritoneal?
17	FIRST_DIAL	Num	8	DATETIME20.	DATETIME20.	12. Date of first ever chronic maintenance dialysis
18	RECENT_DIAL	Num	8	DATETIME20.	DATETIME20.	13. Date of most recent initiation of chronic maintenance dialysis
19	PREV_VA	Num	8	PREV_VA_FMT.	3.	14. How many previous vascular accesses have been placed
20	VA_TYPE	Num	8	VA_TYPE_FMT.	3.	15. Type of functioning vascular access in use at the time of HFM Study fistula creation surgery
21	VA_SIDE	Num	8	VA_SIDE_FMT.	2.	16. Side of functioning vascular access at the time of HFM Study fistula creation surgery
22	SUBCLAVIAN	Num	8	SUBCLAVIAN_FMT.	2.	17. Previous central venous catheters - Subclavian?
23	INT_JUGULAR	Num	8	INT_JUGULAR_FMT.	2.	18. Previous central venous catheters - Internal jugular?
24	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f205.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	MEDS_ID	Num	8			Medication ID Number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alphacode
4	VIST	Char	1	$1.	$1.	3. Visit Number
5	VISN_MO	Num	8	4.	4.	4. Visit month
6	VISN_WK	Num	8	4.	4.	4. Visit week
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
8	DRUG	Char	80	$80.	$80.	5. Medication/Supplement Name
9	CODE	Char	10	$10.	$10.	5. Medication Code
10	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f206.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date Creatinine Drawn
7	CR	Num	8	5.1	5.1	5a. Creatinine (mg/dL)
8	IDMS	Num	8	IDMS_FMT.	2.	5b. IDMS status
9	CR_DT	Num	8	DATETIME20.	DATETIME20.	5c. Date sample drawn
10	CA	Num	8	5.1	5.1	6a. Calcium (mg/dL)
11	CA_DT	Num	8	DATETIME20.	DATETIME20.	6b. Date sample drawn
12	PHOS	Num	8	5.1	5.1	7a. Phosphorus (mg/dL)
13	PHOS_DT	Num	8	DATETIME20.	DATETIME20.	7b. Date sample drawn
14	ALB	Num	8	5.1	5.1	8a. Albumin (g/dL)
15	ALB_TECH	Num	8	ALB_TECH_FMT.	2.	8b. Technique
16	ALB_DT	Num	8	DATETIME20.	DATETIME20.	8c. Date sample drawn
17	PTH	Num	8	5.	5.	9a. Intact PTH (pg/ml)
18	PTH_LO	Num	8	5.	5.	9b. Lab's minimum for normal range for intact PTH (pg/ml)
19	PTH_HI	Num	8	5.	5.	9c. Lab's maximum for normal range for intact PTH (pg/ml)
20	PTH_DT	Num	8	DATETIME20.	DATETIME20.	9d. Date sample drawn
21	HGB	Num	8	5.1	5.1	10a. Hemoglobin (g/dL)
22	HGB_DT	Num	8	DATETIME20.	DATETIME20.	10b. Date sample drawn
23	HCT	Num	8	5.1	5.1	11a. Hematocrit (%)
24	HCT_DT	Num	8	DATETIME20.	DATETIME20.	11b. Date sample drawn
25	PLT	Num	8	4.	4.	12a. Platelet count (K/microliter)
26	PLT_DT	Num	8	DATETIME20.	DATETIME20.	12b. Date sample drawn
27	INR	Num	8	4.1	4.1	13a. INR
28	INR_DT	Num	8	DATETIME20.	DATETIME20.	13b. Date sample drawn
29	PTT	Num	8	5.1	5.1	14a. Partial thromboplastin time (sec)
30	PTT_DT	Num	8	DATETIME20.	DATETIME20.	14b. Date sample drawn
31	PTT_HI	Num	8	5.1	5.1	14c. Upper limit of normal PTT at this lab (sec)
32	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f208.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Visit Date
7	EXERCISE	Num	8	2.	2.	5. How many days a week do you exercise sufficiently to break a sweat?
8	LIMITED	Num	8	YN.	2.	6a. During the past week, were you limited in your work or other regular daily activities as a result of a problem with your arm, shoulder or hand?
9	LIMITED_ARM	Num	8	LIMITED_ARM_FMT.	2.	6b. If yes, which arm, shoulder or hand?
10	HEAVY	Num	8	YN.	2.	7. In the past week did you do heavy household chores?
11	EASY	Num	8	YN.	2.	8. In the past week did you take part in recreational activities which require little effort
12	IMPACT	Num	8	YN.	2.	9a. In the past week did you take part in activities in which you take some force or impact through your arm, shoulder, or hand?
13	IMPACT_ARM	Num	8	LIMITED_ARM_FMT.	2.	9b. If yes, which arm did you use?
14	MOVE	Num	8	YN.	2.	10a. In the past week did you take part in recreational activities in which you move your arm freely?
15	MOVE_ARM	Num	8	LIMITED_ARM_FMT.	2.	10b. If yes, which arm did you use?
16	EMPLOYED	Num	8	YN.	2.	11a. Are you currently employed?
17	EMP_LABOR	Num	8	YN.	2.	11b. If yes, does your job require physical labor or lifting more than ten pounds?
18	EMP_LABOR_ARM	Num	8	LIMITED_ARM_FMT.	2.	11c. If yes, which arm did you use?
19	INSTRUMENT	Num	8	YN.	2.	12a. In the past week did you play a musical instrument?
20	INSTRUMENT_TYPE	Char	50	$50.	$50.	12b. If yes, which instrument?
21	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f210.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Visit Date
7	VFL_ID	Char	5	$5.	$5.	5. HFM Study ID of the Vascular Function Lab used
8	CUR_DIAL	Num	8	YN.	2.	6a. Is this patient currently receiving maintenance dialysis?
9	LAST_DIAL_DT	Num	8	DATETIME20.	DATETIME20.	6b. Date of last dialysis session
10	END_DIAL_TM	Num	8	6.	6.	6c. Time of the end of last dialysis session
11	LAST_FOOD_DT	Num	8	DATETIME20.	DATETIME20.	7a. Date last food or liquids other than water consumed prior to the first of today's vascular function test(s)
12	LAST_FOOD_TM	Num	8	6.	6.	7b. Time last food or liquids other than water consumed prior to the first of today's vascular function test(s)
13	EXERCISE	Num	8	YN.	2.	8. Has this patient exercised after midnight the night before test date?
14	VIAGRA	Num	8	YN.	2.	9a. Has this patient taken sildenafil (Viagra), vardenafil (Levitra) or tadalafil (Cialis) in the last seven days?
15	SMOKE	Num	8	YN.	2.	10. Has the patient smoked in the last 6 hours
16	RM_TEMP	Num	8	5.1	5.1	11a. Temperature in a room where vascular function testing machines are located
17	TEMP_UNITS	Num	8	TEMP_UNITS_FMT.	2.	11b. Temperature units
18	EXTREMITY	Num	8	EXTREMITY_FMT.	2.	12a. Which extremity was used for the measurements
19	SBP1	Num	8	4.	4.	12b. Measurement 1: systolic Blood Pressure (mmHg)
20	DBP1	Num	8	4.	4.	12b. Measurement 1: diastolic Blood Pressure (mmHg)
21	HR1	Num	8	4.	4.	12c. Measurement 1: Heart rate per minute
22	SBP2	Num	8	4.	4.	12d. Measurement 2: systolic Blood Pressure (mmHg)
23	DBP2	Num	8	4.	4.	12d. Measurement 2: diastolic Blood Pressure (mmHg)
24	HR2	Num	8	4.	4.	12e. Measurement 2: Heart rate per minute
25	SBP3	Num	8	4.	4.	12f. Measurement 3: systolic Blood Pressure (mmHg)
26	DBP3	Num	8	4.	4.	12f. Measurement 3: diastolic Blood Pressure (mmHg)
27	HR3	Num	8	4.	4.	12g. Measurement 3: Heart rate per minute
28	VEN_PLETHYSM	Num	8	YN.	2.	13a. Venous Plethysmography
29	PULSE_WAVE	Num	8	YN.	2.	13b. Arterial Pulse Wave Velocity
30	FMD	Num	8	YN.	2.	13c. Brachial Artery Flow-Mediated Dilation (FMD)
31	NMD	Num	8	YN.	2.	13d. Brachial Artery Nitroglycerin-Mediated Dilation (NMD)
32	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Num	Variable	Type	Len	Format	Informat	Label
33	NITRATE	Num	8	YN_II.	2.	9b. Is the patient taking any type of nitrate medication
34	NITRO_ORAL	Num	8	YN.	2.	9c1. Nitroglycerin Sublingual (under the tongue) or translingual (spray)
35	NITRO_PATCH	Num	8	YN.	2.	9c2. Nitroglycerin patch (0=no, 1=yes)
36	IM_DIN_PILLS	Num	8	2.	2.	9c3. Isosorbide mononitrate or dinitrate pills (e.g., Isordil, Imdur)
37	NITRO_HR	Num	8	YN.	2.	9d1. Was sublingual or translingual nitroglycerin taken within the past 1 hour?
38	NITRO_HRS	Num	8	YN.	2.	9d2. Was nitrate pill or nitroglycerin patch taken/used within the past 24 hours
39	INCOMPLETE	Num	8	2.	2.	INCOMPLETE

Data Set Name: f211.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	VFL_ID	Char	5	$5.	$5.	4. HFM Study ID of the Vascular Function Lab used
8	VPS_DONE	Num	8	VPS_DONE_FMT.	2.	5a. Was Venous Plethysmography study done today?
9	VPS_RSN	Char	500	$500.	$500.	5b. If this test will never be done, or results were rejected by the Core, briefly explain why, and then skip to item 200
10	VPS_MODEL	Num	8	VPS_MODEL_FMT.	3.	6. What model machine was used for this study
11	VPS_USERID	Char	12	$12.	$12.	7. Username of person who did the study
12	VPS_IMAGE_DT	Num	8	DATETIME20.	DATETIME20.	8a. Date image study done
13	VPS_START_TM	Num	8	6.	6.	8b. Time image study started
14	VPS_ARM	Num	8	2.	2.	9. Which arm was used for this image study
15	WRIST_CM	Num	8	5.1	5.1	10a. Wrist circumference of arm at the ulnar styloid process (cm)
16	ELBOW_CM	Num	8	5.1	5.1	10b. Elbow circumference of arm at medial epicondyle (cm)
17	FOREARM_CM	Num	8	5.1	5.1	10c. Forearm length between ulnar styloid process and medial epicondyle (cm)
18	FOREARM_WIDEST_CM	Num	8	5.1	5.1	10d. Forearm circumference at the widest spot (cm)
19	DISTANCE_CM	Num	8	5.1	5.1	10e. Distance from base of palm to tip of tallest finger (cm)
20	GAUGE_SZ	Num	8	5.1	5.1	11. Size of gauge (cm)
21	CAP_20	Num	8	7.2	7.2	12. CAP (%) for Predetermined Pressures (mmHg)=20
22	MVO_20	Num	8	7.2	7.2	12. Maximal Venous Outflow (MVO) for Predetermined Pressures (mmHg)=20
23	CAP_30	Num	8	7.2	7.2	12. CAP (%) for Predetermined Pressures (mmHg)=30
24	MVO_30	Num	8	7.2	7.2	12. Maximal Venous Outflow (MVO) for Predetermined Pressures (mmHg)=30
25	CAP_40	Num	8	7.2	7.2	12. CAP (%) for Predetermined Pressures (mmHg)=40
26	MVO_40	Num	8	7.2	7.2	12. Maximal Venous Outflow (MVO) for Predetermined Pressures (mmHg)=40

Num	Variable	Type	Len	Format	Informat	Label
27	CAP_50	Num	8	7.2	7.2	12. CAP (%) for Predetermined Pressures (mmHg)=50
28	MVO_50	Num	8	7.2	7.2	12. Maximal Venous Outflow (MVO) for Predetermined Pressures (mmHg)=50
29	CAP_60	Num	8	7.2	7.2	12. CAP (%) for Predetermined Pressures (mmHg)=60
30	MVO_60	Num	8	7.2	7.2	12. Maximal Venous Outflow (MVO) for Predetermined Pressures (mmHg)=60
31	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f212.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	VFL_ID	Char	5	$5.	$5.	4. HFM Study ID of the Vascular Function Lab used
8	WAVE_DONE	Num	8	WAVE_DONE_FMT.	2.	5a. Was Arterial Pulse Wave Velocity study done today?
9	WAVE_RSN	Char	500	$500.	$500.	5b. If this test will never be done, briefly explain why
10	WAVE_MODEL	Num	8	WAVE_MODEL_FMT.	3.	6. What model machine was used for this study
11	ARM	Num	8	ARM_LEG_FMT.	2.	8a. Specify radial/arm location
12	WAVE_DT	Num	8	DATETIME20.	DATETIME20.	9a. Date study done
13	WAVE_TM	Num	8	6.	6.	9b. Time study started
14	C_R_PWV	Num	8	6.2	6.2	10a. Carotid-Radial Pulse Wave Velocity CR-PWV (m/sec) range=1-25
15	C_F_PWV	Num	8	6.2	6.2	10b. Carotid-Femoral Pulse Wave Velocity CF-PWV(m/sec) range=1-25
16	P_SP	Num	8	4.	4.	10c. Radial Systolic BP P_SP (mmHg) range=50-300
17	P_DP	Num	8	4.	4.	10d. Radial Diastolic BP P_DP (mmHg) range=20-150
18	C_SP	Num	8	4.	4.	10e. Central Systolic BP C_SP (mmHg) range=50-300
19	C_DP	Num	8	4.	4.	10f. Central Diastolic BP C_DP (mmHg) range=20-150
20	P_MAX_DPDT	Num	8	5.	5.	10g. dP/dT P_Max_DPDT (mmHg/sec) range=200-3200
21	AIX	Num	8	4.	4.	10h. Augmentation Index AIx (%) range=-30-100
22	AG	Num	8	5.	5.	10i. Augmented Pressure AG (mmHg) range=-10-9999
23	OPER_INDEX	Num	8	4.	4.	10j. Operator Index range=0-100
24	STD_CAR_RAD	Num	8	6.2	6.2	10k. Standard Deviation Carotid-Radial (%) range=0-10
25	STD_CAR_FEM	Num	8	6.2	6.2	10l. Standard Deviation Carotid-Femoral (%) range=0-10
26	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
27	LEG	Num	8	ARM_LEG_FMT.	2.	8b. Specify femoral/leg location
28	CAROTID	Num	8	ARM_LEG_FMT.	2.	8c. Specify carotid location

Data Set Name: f213.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	VFL_ID	Char	5	$5.	$5.	HFM Study ID of the Vascular Function Lab used
8	FMD_DONE	Num	8	FMD_DONE_FMT.	2.	5a. Was Brachial Artery FMD study done today?
9	FMD_RSN	Char	500	$500.	$500.	5b. If this test will never be done, briefly explain why, and then skip to item 20
10	FMD_MODEL	Num	8	FMD_MODEL_FMT.	3.	6.What model machine was used for this study
11	FMD_ARM	Num	8	FMD_ARM_FMT.	2.	8. Which arm was used for this image study
12	FMD_IMAGE_DT	Num	8	DATETIME20.	DATETIME20.	9a. Date image study done
13	FMD_START_TM	Num	8	6.	6.	9b. Time image study started
14	FMD_SENT_DT	Num	8	DATETIME20.	DATETIME20.	10. Date FMD image study CD was sent to Vascular Function Central Reading Facility
15	PREG_TEST	Num	8	PREG_TEST_FMT.	2.	11. Pregnancy test required?
16	PREG_TEST_DT	Num	8	DATETIME20.	DATETIME20.	12. Date of pregnancy test
17	PREG_RSLT	Num	8	PREG_RSLT_FMT.	2.	13. Results of pregnancy test
18	NMD_DONE	Num	8	NMD_DONE_FMT.	2.	14a. Was the Brachial Artery NMD study done today?
19	NMD_RSN	Char	500	$500.	$500.	14b. If the NMD test will never be done, briefly explain, and then skip to item 20
20	NMD_MODEL	Num	8	FMD_MODEL_FMT.	3.	15. What model machine was used for this image study
21	NMD_ARM	Num	8	FMD_ARM_FMT.	2.	17. Which arm was used for this image study
22	NMD_IMAGE_DT	Num	8	DATETIME20.	DATETIME20.	18a. Date image study done
23	NMD_START_TM	Num	8	6.	6.	18b. Time image study started
24	NMD_SENT_DT	Num	8	DATETIME20.	DATETIME20.	19. Date NMD image study CD was sent to Vascular Function Central Reading Facility
25	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
26	FMD_UNREADABLE	Num	8	FMD_UNREADABLE_FMT.	2.	190a. FMD Flagged unreadable by Vascular Function Reading Facility?
27	FMD_NOTIFY_DT	Num	8	DATETIME20.	DATETIME20.	190b. Date DCC notified
28	NMD_UNREADABLE	Num	8	FMD_UNREADABLE_FMT.		191a. NMD Flagged unreadable by Vascular Function Reading Facility?

Num	Variable	Type	Len	Format	Informat	Label
29	NMD_NOTIFY_DT	Num	8	DATETIME20.	DATETIME20.	191b. Date DCC notified

Data Set Name: f214.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	FMD_IMAGE_DT	Num	8	DATETIME20.	DATETIME20.	4. Date FMD done
8	FMD_RCVD_DT	Num	8	DATETIME20.	DATETIME20.	5. Date image study received at Core
9	FMD_BRACH_PER	Num	8	8.2	8.2	7a. Brachial Artery flow-mediated dilation percentage (FMD%) range=-100.00-100.00
10	FMD_BRACH_PRE	Num	8	6.2	6.2	7b. Brachial Artery PRE FMD Diameter (mm) range=1.00-9.00
11	FMD_BRACH_POST	Num	8	6.2	6.2	7c. Brachial Artery POST FMD Diameter (mm) range=1.00-9.00
12	FMD_AVG_PRE_FBF	Num	8	9.2	9.2	8a. Average Pre-Cuff FBF (ml/min) range=4.00-1000.00
13	FMD_AVG_PRE_VEL	Num	8	7.1	7.1	8b. Average Pre-Cuff Velocity
14	FMD_POST_FBF	Num	8	9.2	9.2	8c. Average Post-Cuff FBF (ml/min) range=50.00-3000.00
15	FMD_POST_VEL	Num	8	7.1	7.1	8d. Average Post-Cuff Velocity
16	NMD_IMAGE_DT	Num	8	DATETIME20.	DATETIME20.	9. Date NMD done
17	NMD_RCVD_DT	Num	8	DATETIME20.	DATETIME20.	10. Date image study received at core
18	NMD_BRACH_PER	Num	8	8.2	8.2	12a. Brachial Artery nitroglycerine-mediated dilation percentage (NMD%) range=-10.00-50.00
19	NMD_BRACH_PRE	Num	8	6.2	6.2	12b. Brachial Artery PRE NMD Diameter (mm) range=1.00-9.00
20	NMD_BRACH_POST	Num	8	6.2	6.2	12c. Brachial Artery POST NMD Diameter (mm) range=1.00-9.00
21	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f216.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of ultrasound
7	UF_ID	Char	5	$5.	$5.	5a. Ultrasound Facility
8	US_CATEGORY	Num	8	US_CATEGORY_FMT.	3.	5b. Ultrasound category
9	US_STATUS	Num	8	US_STATUS_FMT.	2.	6a. Status of ultrasound
10	US_ARM	Num	8	US_ARM_FMT.	2.	7. Which arm was used for this image study
11	CANNULATED	Num	8	YN.	2.	8a. Has this fistula ever been cannulated?
12	CANNULATED_CT	Num	8	3.	3.	8b. If yes, about how many times has the fistula been cannulated?
13	US_SCANNER	Num	8	US_SCANNER_FMT.	2.	10. What type of ultrasound machine was used?
14	IMAGE_SENT_DT	Num	8	DATETIME20.	DATETIME20.	11b. Date image sent to the Ultrasound Core
15	TRANS_METHOD	Num	8	TRANS_METHOD_FMT.	2.	12. How was the image sent to the Ultrasound Core?
16	POSITION	Num	8	POSITION_FMT.	2.	13. For the arterial and vein mapping portion of this ultrasound, what position was the patient in?
17	CORE_US_STATUS	Num	8	YN.	2.	197. Completely Unreadable per HFM Study Ultrasound Core?
18	DCC_NOTIFY_DT	Num	8	DATETIME20.	DATETIME20.	198. Date DCC notified
19	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
20	WKSHT_SENT_DT	Num	8	DATETIME20.	DATETIME20.	11a. Date the ultrasound worksheet was faxed to the Ultrasound Core
21	US_STATUS_RSN	Char	500	$500.	$500.	6b. If not done, briefly explain why
22	US_TM	Num	8			4. Time of ultrasound

Data Set Name: f230.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	AVF_CREATED	Num	8	YN.	2.	6. Was an AVF created?
8	SINGLE_STAGE	Num	8	YN.	2.	7. Was a planned single stage surgery performed?
9	ARM	Num	8	ARM_FMT.	2.	8. In which arm was the fistula placed?
10	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
11	DIAL_STATUS	Num	8	DIAL_STATUS_FMT.	2.	5. Status of receiving chronic dialysis on the day of surgery

Data Set Name: f231.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	SURG_MEDS_ID	Num	8		
2	PID	Char	6	$6.	$6.
3	AC	Char	2	$2.	$2.
4	VIST	Char	1	$1.	$1.
5	VISN_MO	Num	8	4.	4.
6	VISN_WK	Num	8	4.	4.
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.
8	SCRUBBED	Num	8	SCRUBBED_FMT.	2.
9	INCISION	Num	8	YN.	2.
10	DISSECTION	Num	8	YN.	2.
11	ANASTOMOSIS	Num	8	YN.	2.
12	CLOSURE	Num	8	YN.	2.
13	FELLOW_PART	Num	8	YN.	2.
14	RESIDENT_PART	Num	8	RESIDENT_PART_FMT.	2.
15	PERF_ANASTOM	Num	8	PERF_ANASTOM_FMT.	2.
16	HEPARIN	Num	8	2.	2.
17	PROTAMINE	Num	8	YN.	2.
18	DDAVP_DESMOP	Num	8	YN.	2.
19	TOP_VASO	Num	8	YN.	2.
20	TOP_THROMB	Num	8	YN.	2.
21	ANESTHESIA	Num	8	ANESTHESIA_FMT.	2.
22	INCIS_START	Num	8	6.	6.
23	INCIS_END	Num	8	6.	6.
24	ARM	Num	8	ARM_FMT.	2.
25	CANNULATED	Num	8	CANNULATED_FMT.	2.
26	ARTERY	Num	8	ARTERY_FMT.	2.
27	VEIN	Num	8	VEIN_FMT.	2.
28	ARTERY_MECH	Num	8	ARTERY_MECH_FMT.	2.
29	VEIN_MECH	Num	8	VEIN_MECH_FMT.	2.
30	ANASTOM_TECH	Num	8	ANASTOM_TECH_FMT.	2.
31	MEASURED	Num	8	MEASURED_FMT.	2.
32	LENGTH_MM	Num	8	3.	3.
33	ASSESS_VEIN	Num	8	ASSESS_VEIN_FMT.	2.
34	ASSESS_ARTERY	Num	8	ASSESS_ARTERY_FMT.	2.
35	THRILL_PRESENCE	Num	8	THRILL_PRESENCE_FMT.	2.
36	THRILL_EXTENT	Num	8	2.	2.

Num	Variable	Type	Len	Format	Informat
37	SUCCESS	Num	8	SUCCESS_FMT.	2.
38	INADEQ_VEIN	Num	8	YN.	2.
39	INADEQ_ARTERY	Num	8	YN.	2.
40	VEN_OBSTRUCT	Num	8	YN.	2.
41	INADEQ_ARTFLOW	Num	8	YN.	2.
42	OTH_PROB_SPEC	Char	100	$100.	$100.
43	SURG_THOUGHTS	Char	500	$500.	$500.
44	FRUSTRATED	Num	8	FRUSTRATED_FMT.	2.
45	CONCOMITANT_PROC	Num	8	2.	2.
46	VEIN_LIGAT	Num	8	YN.	2.
47	AIR_STENT	Num	8	YN.	2.
48	AIR_BYPASS	Num	8	YN.	2.
49	AIR_BALL_ANGIO	Num	8	YN.	2.
50	AIR_PATCH_ANGIO	Num	8	YN.	2.
51	VOR_STENT	Num	8	YN.	2.
52	VOR_BYPASS	Num	8	YN.	2.
53	VOR_BALL_ANGIO	Num	8	YN.	2.
54	VOR_PATCH_ANGIO	Num	8	YN.	2.
55	VENOGRAM	Num	8	YN.	2.
56	ARTERIOGRAM	Num	8	YN.	2.
57	FISTULOGRAM	Num	8	YN.	2.
58	CC_N	Num	8	CC_N_FMT.	3.
59	VEIN_UPPER	Num	8	YN.	2.
60	VEIN_FOREARM	Num	8	2.	2.
61	SURGEON_ID	Num	8		

Label
Surgery medications ID
1. Patient Identification Number
2. Alphacode
3. Visit Number
4. Visit month
4. Visit week
4. Date of Visit
5b. Was this surgeon scrubbed?
5c. Was this surgeon present for the incision?
5d. Was this surgeon present for the dissection?
5e. Was this surgeon present for the anastomosis?
5f. Was this surgeon present for the closure?

Label
6a. Did a fellow participate in the case?
7. Did a resident participate in the case?
8. Which of the surgeons performed the anastomosis?
9. Heparin
10. Protamine
11. ddavp / desmopressin
12. Topical vasodilators
13. Topical thrombin
14. Type of anesthesia
15. Start of incision
16. Time of dressing application / end of procedure / last suture placed
17a. In which arm was the fistula placed?
17b. Where will the fistula be cannulated if it matures?
18. Artery for fistula anastomosis
19a. Vein for fistula anastomosis
20. Mechanism of vascular control - artery
21. Mechanism of vascular control - vein
22. Anastomotic technique
23a. Was the length of arteriotomy measured?
23b. If yes, what was the length of arteriotomy? (mm)
24. Intra operative assessment of vein based on surgeon's judgement?
25. Intra operative assessment of artery based on surgeon's judgement?
26. End of surgery: presence of thrill?
27. End of surgery: extent of thrill?
28. Surgeon's predictor of success?
29a. inadequate vein
29b. inadequate artery
29c. venous outflow obstruction
29d. inadequate arterial flow
29e. other, specify problems
30. Surgeon's thoughts on the expected problems?
31. Was the surgeon frustrated during the surgery?
33. Concomitant procedures performed at time of fistula creation?
33a. Ligation of accessory vein
33b. stent
33c. bypass
33d. balloon angioplasty
33e. patch angioplasty
33f. stent

Label
33g. bypass
33h. balloon angioplasty
33i. patch angioplasty
33j. Venogram prior to creation of AV anastomosis
33k. arteriogram
33l. fistulogram
1. Clinical Center Number
19b. If an upper arm fistula was created, was the median antecubital vein used in creating the fistula?
19c. If a forearm radiocephalic fistula was created, was the portion of cephalic vein used for the anastomosis located closer to the wrist or closer to the mid forearm?
5a. Attending surgeon

Data Set Name: f240.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	PRIM_RSN	Num	8	PRIM_RSN_FMT.	3.	5. Primary Reason for Baseline Dropout
8	SEC_RSN	Num	8	PRIM_RSN_FMT.	3.	6. Secondary Reason for Baseline Dropout
9	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f250.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
2	START_DT	Num	8	DATETIME20.	DATETIME20.	2. Start date
3	END_DT	Num	8	DATETIME20.	DATETIME20.	3. End Date
4	DIAL_3MO	Num	8	3.	3.	4. Dialysis will start more than three months after fistula creation
5	PT_80	Num	8	3.	3.	5. Patient is over 80
6	AVG_PLACED	Num	8	3.	3.	6a. AVG to be placed
7	INELIG_PLACED	Num	8	3.	3.	6b. Some other type of ineligible access to be or has been placed
8	TWO_STAGE_PLAN	Num	8	3.	3.	7. Two stage procedure planned
9	SURG_OTH	Num	8	3.	3.	8. Surgery performed by a surgeon not participating in the study
10	UNIT_50MI	Num	8	3.	3.	9. Patient will receive dialysis at a dialysis unit not participating in the study that is within 50 or so miles away
11	UNIT_100MI	Num	8	3.	3.	10. Patient will receive dialysis at a dialysis unit not participating in the study that is more than 100 or so miles away
12	ADHERE	Num	8	3.	3.	11. HFM Staff felt that this patient would not adhere to study requirements for measurements
13	BURDEN	Num	8	3.	3.	12. Patient refused to consent. Feels study procedures are too burdensome
14	COMPREHEND	Num	8	3.	3.	13. Patient refused to consent. Patient unable to comprehend study
15	PSYCHIATRIC	Num	8	3.	3.	14. Patient refused to consent. Psychiatric issues
16	UNK_OTH	Num	8	3.	3.	15. Patient refused to consent. Reason unknown or other
17	PRISONER	Num	8	3.	3.	16. Prisoner. Vulnerable population
18	LIFE_EXP_9MO	Num	8	3.	3.	17. PI does not believe that the patient has a life expectancy of at least 9 months
19	DIAL_PLAN_9MO	Num	8	3.	3.	18. Patient does not plan to be dialyzing at a participating dialysis unit for at least nine months after fistula creation
20	US_2WKS	Num	8	3.	3.	19. Patient will not be in town and available for ultrasound studies 2 weeks after AVF creation surgery
21	US_6WKS	Num	8	3.	3.	20. Patient will not be in town and available for ultrasound studies 6 weeks after AVF creation surgery
22	TOO_LATE	Num	8	3.	3.	21. We found out about the surgery too late to consider enrolling the patient
23	OTH_CHAR	Num	8	3.	3.	22. Study team chose not to approach the patient for consent due to other patient characteristics
24	SF_ID_1	Char	5	$5.	$5.	50a. Surgical Center
25	FIST_NO_1	Num	8	4.	4.	50b. Number of new fistulas created
26	SF_ID_2	Char	5	$5.	$5.	51a. Surgical Center
27	FIST_NO_2	Num	8	4.	4.	51b. Number of new fistulas created

Num	Variable	Type	Len	Format	Informat	Label
28	SF_ID_3	Char	5	$5.	$5.	52a. Surgical Center
29	FIST_NO_3	Num	8	4.	4.	52b. Number of new fistulas created
30	TOO_YOUNG	Num	8	3.	3.	23. Patient too young to consent per IRB
31	SF_ID_4	Char	5	$5.	$5.	53a. Surgical Center
32	FIST_NO_4	Num	8	4.	4.	53b. Number of new fistulas created
33	SF_ID_5	Char	5	$5.	$5.	54a. Surgical Center
34	FIST_NO_5	Num	8	4.	4.	54b. Number of new fistulas created

Data Set Name: f300.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	OR_RETURN	Num	8	YN.	2.	5. Did the patient return to the OR in the early post-op period after AVF creation surgery for access related complications?
8	ACC_EVENT	Num	8	ACC_INTERV_FMT.	2.	Q6a. Did any access event happen to the study fistula since the last monthly Form 300?
9	ACC_EVENT_DT	Num	8	DATETIME20.	DATETIME20.	Q6b. If yes, what was the date the first event became known to the study team since the last monthly Form 300?
10	DIAG_STUDY	Num	8	ACC_INTERV_FMT.	2.	Q7a. Was a diagnostic study done on the study fistula since the last monthly Form 300?
11	DIAG_STUDY_DT	Num	8	DATETIME20.	DATETIME20.	Q7b. If yes, what was the date of the first diagnostic study since the last monthly Form 300?
12	ACC_INTERV	Num	8	ACC_INTERV_FMT.	2.	8a. Was an access intervention done on the study fistula since the last monthly Form 300?
13	ACC_INTERV_DT	Num	8	DATETIME20.	DATETIME20.	8b. If yes, what was the date of the first intervention since the last monthly Form 300?
14	PT_HOSP	Num	8	2.	2.	9a. Did the patient have a reportable hospitalization since the last monthly Form 300?
15	PT_HOSP_DT	Num	8	DATETIME20.	DATETIME20.	9b. If yes, what was the admission date of the first reportable hospitalization since the last monthly Form 300?
16	OTH_ACC_EVENT	Num	8	OTH_ACC_EVENT_FMT.	2.	10a. Did anything occur relating to a non-study access since the last monthly Form 300?
17	OTH_ACC_EVENT_DT	Num	8	DATETIME20.	DATETIME20.	10b. If yes, what was the date of the first non-study access event since the last monthly Form 300?
18	BLOOD_INFECT	Num	8	BLOOD_INFECT_FMT.	2.	11a. Did the patient have a bloodstream infection (bacterial or fungal) since the last monthly Form 300?
19	RELATED_VASACC	Num	8	YN.	2.	11b. If yes, were any of the bloodstream infections related to a vascular access?
20	MAINT_DIAL	Num	8	YN.	2.	12a. Is the patient currently receiving maintenance dialysis?

Num	Variable	Type	Len	Format	Informat	Label
21	CANN_ATTEMPT	Num	8	YN.	2.	13. has cannulation been attempted on the study fistula since the last monthly Form 300?
22	ACC_USED	Num	8	ACC_USED_FMT.	2.	14. What access was used this post surgery month?
23	VEN_DIAL_CATH	Num	8	YN.	2.	15. Does the patient have a central venous dialysis catheter in place?
24	KM_DONE	Num	8	KM_DONE_FMT.	2.	16. Was kinetic modeling done since the last monthly Form 300?
25	KM_DT	Num	8	DATETIME20.	DATETIME20.	17. Date of most recent monthly routine clinical urea kinetic modeling
26	PRE_BUN	Num	8	6.1	6.1	18a. Pre-dialysis BUN (mg/dL) on that date
27	POST_BUN	Num	8	6.1	6.1	18b. Post-dialysis BUN (mg/dL) on that date
28	PRE_WT	Num	8	6.1	6.1	20. Pre-dialysis weight (kg) on that date
29	POST_WT	Num	8	6.1	6.1	21. Post-dialysis weight (kg) on that date
30	DIAL_DUR	Num	8	4.	4.	22. Duration of the dialysis (minutes)
31	CANN_PLANS	Num	8	CANN_PLANS_FMT.	2.	23. Cannulation plans
32	IN_PERSON	Num	8	YN.	2.	24a. Talked to patient or family/caregiver in person?
33	PHONE	Num	8	YN.	2.	24b. Talked to patient or family/caregiver by phone?
34	SURG_TEAM	Num	8	YN.	2.	24c. Talked to a member of the surgery team?
35	DIAL_UNIT	Num	8	YN.	2.	24d. Talked to staff at current/planned/future dialysis unit?
36	RECORDS_REV	Num	8	YN.	2.	24e. Reviewed medical records?
37	NEPHR_OFFICE	Num	8	YN.	2.	24f. Talked to the nephrology office practice including residents, fellows and physician extenders?
38	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
39	DIAL_DT	Num	8	DATETIME20.	DATETIME20.	12b. For patients who started dialysis for the first time since the last Form 300, what was the start date of dialysis?
40	TRANSPLANT	Num	8	YN.	2.	25a. Did the patient receive a transplant since the last monthly Form 300?
41	TRANSPLANT_DT	Num	8	DATETIME20.	DATETIME20.	25b. If yes, what was the date of the transplant?

Data Set Name: f302.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	CANN_ROLE	Num	8	CANN_ROLE_FMT.	2.	5a. Cannulator role
8	CANN_EXP_YRS	Num	8	5.1	5.1	5b. Cannulator years of experience in hemodialysis
9	NEEDLES_NO	Num	8	NEEDLES_NO_FMT.	2.	6. How many needles were used in the study fistula?
10	NEED_FIRST_SZ	Num	8	NEED_FIRST_SZ_FMT.	2.	7a. Size of the first needle?
11	NEED_SEC_SZ	Num	8	NEED_FIRST_SZ_FMT.	2.	7b. Size of the second needle?
12	NEED_USED	Num	8	NEED_USED_FMT.	2.	8. If one needle was placed, how was it used?
13	CANN_TECH	Num	8	CANN_TECH_FMT.	2.	9. What cannulation technique was used?
14	INFILTRATION	Num	8	INFILTRATION_FMT.	2.	10. Was there an infiltration of the study fistula at any time during the dialysis session?
15	ENTIRE_2_NEED	Num	8	YN.	2.	11. Was the study fistula used with 2 needles for the entire session?
16	ACCESS_USE	Num	8	2.	2.	12. If the study fistula was not used with 2 needles for the entire session, what was done?
17	SHORT_STATUS	Num	8	SHORT_STATUS_FMT.	2.	13. Shortened session status
18	DIAL_START_TM	Num	8			14a. Time dialysis started
19	BP_SPEED_30	Num	8	4.	4.	14b. Dialysis machine blood pump speed at Time 30 min (15-44 min)
20	BP_SPEED_60	Num	8	4.	4.	14c. Dialysis machine blood pump speed at Time 60 min (45-74 min)
21	BP_SPEED_90	Num	8	4.	4.	14d. Dialysis machine blood pump speed at Time 90 min (75-104 min)
22	BP_SPEED_120	Num	8	4.	4.	14e. Dialysis machine blood pump speed at Time 120 min (105-134 min)
23	BP_SPEED_150	Num	8	4.	4.	14f. Dialysis machine blood pump speed at Time 150 min (135-164 min)
24	BP_SPEED_180	Num	8	4.	4.	14g. Dialysis machine blood pump speed at Time 180 min (165-194 min)
25	BP_SPEED_210	Num	8	4.	4.	14h. Dialysis machine blood pump speed at Time 210 min (195-224 min)
26	BP_SPEED_240	Num	8	4.	4.	14i. Dialysis machine blood pump speed at Time 240 min (225-254 min)

Num	Variable	Type	Len	Format	Informat	Label
27	BP_SPEED_270	Num	8	4.	4.	14j. Dialysis machine blood pump speed at Time 270 min (255-284 min)
28	BP_SPEED_300	Num	8	4.	4.	14k. Dialysis machine blood pump speed at Time 300 min (285-314 min)
29	DIAL_END_TM	Num	8			14v. Time dialysis ended
30	NEXT_CANN_PLAN	Num	8	NEXT_CANN_PLAN_FMT.	2.	15. Plans for next cannulation
31	IN_PERSON	Num	8	YN.	2.	16a. Talked to patient or family/caregiver in person?
32	PHONE	Num	8	YN.	2.	16b. Talked to patient or family/caregiver by phone?
33	SURG_TEAM	Num	8	YN.	2.	16c. Talked to a member of the surgery team?
34	DIAL_UNIT	Num	8	YN.	2.	16d. Talked to staff at current/planned/future dialysis unit?
35	RECORDS_REV	Num	8	2.	2.	16e. Reviewed medical records?
36	NEPHR_OFFICE	Num	8	2.	2.	16f. Talked to the nephrology office practice including residents, fellows and physician extenders?
37	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
38	CURR_UNIT	Char	5	$5.	$5.	5c. Patient's current dialysis unit
39	BP_SPEED_330	Num	8	4.	4.	14l. Dialysis machine blood pump speed at Time 330 min (315-344 min)
40	BP_SPEED_360	Num	8	4.	4.	14m. Dialysis machine blood pump speed at Time 360 min (345-374 min)
41	BP_SPEED_390	Num	8	4.	4.	14n. Dialysis machine blood pump speed at Time 390 min (375-404 min)
42	BP_SPEED_420	Num	8	4.	4.	14o. Dialysis machine blood pump speed at Time 420 min (405-434 min)
43	BP_SPEED_450	Num	8	4.	4.	14p. Dialysis machine blood pump speed at Time 450 min (435-464 min)
44	BP_SPEED_480	Num	8	4.	4.	14q. Dialysis machine blood pump speed at Time 480 min (465-494 min)
45	BP_SPEED_510	Num	8	4.	4.	14r. Dialysis machine blood pump speed at Time 510 min (495-524 min)
46	BP_SPEED_540	Num	8	4.	4.	14s. Dialysis machine blood pump speed at Time 540 min (525-554 min)
47	BP_SPEED_570	Num	8	4.	4.	14t. Dialysis machine blood pump speed at Time 570 min (555-584 min)
48	BP_SPEED_600	Num	8	4.	4.	14u. Dialysis machine blood pump speed at Time 600 min (585-615 min)
49	DIAL_END_DT	Num	8	DATETIME20.	DATETIME20.	14uu. End date of dialysis session if different from start date

Data Set Name: f305.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	FISTULA_STAT	Num	8	FISTULA_STAT_FMT.	3.	5a. Status of study fistula use
8	ASSESS_USE_DT	Num	8	DATETIME20.	DATETIME20.	6. Date of the Maturation Assessment Schedule Report in use
9	ASSESS_FREQ	Num	8	ASSESS_FREQ_FMT.	2.	7. Current assessment schedule frequency
10	DIAL_START_TM	Num	8			8a. Time dialysis started
11	BP_SPEED_30	Num	8	4.	4.	8b. Dialysis machine blood pump speed at Time 30 min (15-44 min)
12	BP_SPEED_60	Num	8	4.	4.	8c. Dialysis machine blood pump speed at Time 60 min (45-74 min)
13	BP_SPEED_90	Num	8	4.	4.	8d. Dialysis machine blood pump speed at Time 90 min (75-104 min)
14	BP_SPEED_120	Num	8	4.	4.	8e. Dialysis machine blood pump speed at Time 120 min (105-134 min)
15	BP_SPEED_150	Num	8	4.	4.	8f. Dialysis machine blood pump speed at Time 150 min (135-164 min)
16	BP_SPEED_180	Num	8	4.	4.	8g. Dialysis machine blood pump speed at Time 180 min (165-194 min)
17	BP_SPEED_210	Num	8	4.	4.	8h. Dialysis machine blood pump speed at Time 210 min (195-224 min)
18	BP_SPEED_240	Num	8	4.	4.	8i. Dialysis machine blood pump speed at Time 240 min (225-254 min)
19	BP_SPEED_270	Num	8	4.	4.	8j. Dialysis machine blood pump speed at Time 270 min (255-284 min)
20	BP_SPEED_300	Num	8	4.	4.	8k. Dialysis machine blood pump speed at Time 300 min (285-314 min)
21	DIAL_END_TM	Num	8			8v. Time dialysis ended
22	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
23	CURR_UNIT	Char	5	$5.	$5.	5b. Patient's current dialysis unit
24	BP_SPEED_330	Num	8	4.	4.	8l. Dialysis machine blood pump speed at Time 330 min (315-344 min)
25	BP_SPEED_360	Num	8	4.	4.	8m. Dialysis machine blood pump speed at Time 360 min (345-374 min)
26	BP_SPEED_390	Num	8	4.	4.	8n. Dialysis machine blood pump speed at Time 390 min (375-404 min)
27	BP_SPEED_420	Num	8	4.	4.	8o. Dialysis machine blood pump speed at Time 420 min (405-434 min)

Num	Variable	Type	Len	Format	Informat	Label
28	BP_SPEED_450	Num	8	4.	4.	8p. Dialysis machine blood pump speed at Time 450 min (435-464 min)
29	BP_SPEED_480	Num	8	4.	4.	8q. Dialysis machine blood pump speed at Time 480 min (465-494 min)
30	BP_SPEED_510	Num	8	4.	4.	8r. Dialysis machine blood pump speed at Time 510 min (495-524 min)
31	BP_SPEED_540	Num	8	4.	4.	8s. Dialysis machine blood pump speed at Time 540 min (525-554 min)
32	BP_SPEED_570	Num	8	4.	4.	8t. Dialysis machine blood pump speed at Time 570 min (555-584 min)
33	BP_SPEED_600	Num	8	4.	4.	8u. Dialysis machine blood pump speed at Time 600 min (585-615 min)
34	DIAL_END_DT	Num	8	DATETIME20.	DATETIME20.	8uu. End date of dialysis session if different from start date

Data Set Name: f421.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	NS_ACCESS_TYPE	Num	8	NS_ACCESS_TYPE_FMT.	3.	5. Patient's Current Type of Non-Study Access
8	CURR_DIAL_TYPE	Num	8	CURR_DIAL_TYPE_FMT.	2.	6. Patient's Current type of dialysis
9	DX_PROC	Num	8	DX_PROC_FMT.	2.	7a. had a diagnostic procedure
10	REPAIR_PROC	Num	8	DX_PROC_FMT.	2.	7b. had a repair procedure
11	REMOVED	Num	8	DX_PROC_FMT.	2.	7c. access was removed
12	OTHER_EVENT	Num	8	DX_PROC_FMT.	2.	7d. some other event happened
13	REPLACED	Num	8	YN.	2.	8. Was a new, non-study access placed?
14	NEW_ACCESS_TYPE	Num	8	NS_ACCESS_TYPE_FMT.	3.	9a. If 8 = yes, what type of access is the new non study access?
15	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f422.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	ABANDONMENT	Num	8	YN.	2.	5. Did any event reported on this form lead to abandonment of the study fistula?
8	FIRST_RPT_DT	Num	8	DATETIME20.	DATETIME20.	6. Month/year this event was first reported/noted
9	THROMBOSIS	Num	8	YN.	2.	7a. Thrombosis
10	THROMBOSIS_DT	Num	8	DATETIME20.	DATETIME20.	7b. If q. 7a=yes, thrombosis date
11	REPAIR_ATTEMPT	Num	8	YN.	2.	7c. was a repair attempted?
12	HAND_ISCHEMIA	Num	8	2.	2.	8. Access-related hand ischemia
13	INFILTRATION	Num	8	YN.	2.	9a. Infiltration
14	STOP_USAGE	Num	8	STOP_USAGE_FMT.	2.	9b. did infiltration lead to inability to use the study fistula for treatment?
15	INFILTRATION_INTERVENTION	Num	8	YN.	2.	9c. did it require an endovascular or surgical intervention?
16	BLEEDING	Num	8	YN.	2.	10a. AVF bleeding
17	BLD_THERAPY	Num	8	BLD_THERAPY_FMT.	2.	10b. was therapy required?
18	INFECTION	Num	8	YN.	2.	11a. AVF infection
19	SYSTEMIC	Num	8	2.	2.	11c6. systemic infection
20	INFECTION_INTERVENTION	Num	8	YN.	2.	11d. did the patient require surgical intervention?
21	ANEURYSM	Num	8	ANEURYSM_FMT.	2.	12. Pseudoaneurysm/aneurysm
22	FLUID	Num	8	FLUID_FMT.	2.	13. Non-infectious fluid collection
23	EDEMA	Num	8	EDEMA_FMT.	2.	14. Ipsilateral arm edema
24	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
25	ENDOVASC_INF	Num	8	YN.	2.	11b1. endovascular infection
26	CELLULITIS	Num	8	YN.	2.	11b2. overlying cellulitis or wound infection
27	INF_FLUID	Num	8	YN.	2.	11b3. infectious fluid collection
28	BACTEREMIA	Num	8	YN.	2.	11c1. bacteremia
29	ENDOCARDITIS	Num	8	YN.	2.	11c2. endocarditis
30	OSTEOMYELITIS	Num	8	YN.	2.	11c3. osteomyelitis
31	SEPTIC_ARTH	Num	8	YN.	2.	11c4. septic arthritis (septic joint)

Num	Variable	Type	Len	Format	Informat	Label
32	SEPTIC_EMBO	Num	8	YN.	2.	11c5. septic emboli
33	SYSTEMIC_OTH	Num	8	YN.	2.	11c6. other systemic infection

Data Set Name: f423.sas7bdat

Num	Variable	Type	Len	Format	Informat
1	PID	Char	6	$6.	$6.
2	AC	Char	2	$2.	$2.
3	VIST	Char	1	$1.	$1.
4	VISN_MO	Num	8	4.	4.
5	VISN_WK	Num	8	4.	4.
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.
7	THROMBOSIS	Num	8	YN.	2.
8	ANEURYSM	Num	8	YN.	2.
9	BLEEDING	Num	8	BLEEDING_FMT.	2.
10	INFECTION	Num	8	YN.	2.
11	ART_INFLOW_STENOSIS	Num	8	YN.	2.
12	FISTULA_STENOSIS	Num	8	YN.	2.
13	CV_STENOSIS	Num	8	YN.	2.
14	ACC_VEN_BRANCHES	Num	8	YN.	2.
15	CANNULATE	Num	8	YN.	2.
16	HAND_ISCHEMIA	Num	8	YN.	2.
17	FLUID	Num	8	YN.	2.
18	SEP_STUDY	Num	8	YN.	2.
19	SEP_STUDY_DT	Num	8	DATETIME20.	DATETIME20.
20	FIST_BALLOON	Num	8	FIST_BALLOON_FMT.	2.
21	FIST_BALLOON_STENT	Num	8	FIST_BALLOON_FMT.	2.
22	FIST_THROMBOLYSIS	Num	8	FIST_BALLOON_FMT.	2.
23	FIST_LIGATION	Num	8	FIST_LIGATION_FMT.	2.
24	FIST_EVAC_HEMA	Num	8	FIST_BALLOON_FMT.	2.
25	FIST_EVAC_FLD	Num	8	FIST_BALLOON_FMT.	2.
26	FIST_REP_BLEEDING	Num	8	FIST_BALLOON_FMT.	2.
27	FIST_PATCH_ANGIO	Num	8	FIST_BALLOON_FMT.	2.
28	FIST_BYPASS	Num	8	FIST_BALLOON_FMT.	2.
29	FIST_SURG_THROMB	Num	8	FIST_BALLOON_FMT.	2.
30	ART_BALLOON	Num	8	FIST_BALLOON_FMT.	2.
31	ART_BALLOON_STENT	Num	8	FIST_BALLOON_FMT.	2.
32	ART_PATCH_ANGIO	Num	8	FIST_BALLOON_FMT.	2.
33	ART_BYPASS	Num	8	FIST_BALLOON_FMT.	2.
34	ART_NEW	Num	8	FIST_BALLOON_FMT.	2.
35	CV_BALLOON	Num	8	FIST_BALLOON_FMT.	2.
36	CV_BALLOON_STENT	Num	8	FIST_BALLOON_FMT.	2.

Num	Variable	Type	Len	Format	Informat
37	CV_PATCH_ANGIO	Num	8	FIST_BALLOON_FMT.	2.
38	CV_BYPASS	Num	8	FIST_BALLOON_FMT.	2.
39	LIGATION	Num	8	FIST_BALLOON_FMT.	2.
40	BANDING	Num	8	FIST_BALLOON_FMT.	2.
41	DIST_REVASC	Num	8	FIST_BALLOON_FMT.	2.
42	PROX_ANASTOMOSIS	Num	8	FIST_BALLOON_FMT.	2.
43	SUCCESSFULL	Num	8	YN.	2.
44	CC_N	Num	8	CC_N_FMT.	3.
45	REPOSITION	Num	8	FIST_BALLOON_FMT.	2.
46	CV_SURG_REPAIR	Num	8	FIST_BALLOON_FMT.	2.

Label
1. Patient Identification Number
2. Alphacode
3. Visit Number
4. Visit month
4. Visit week
4. Date of Visit
5a. Thrombosis
5b. Pseudoaneurysm or aneurysm
5c. Bleeding
5d. Infection
5e. Arterial inflow stenosis
5f. Fistula stenosis (including anastomosis)
5g. Central vein stenosis
5h. Accessory venous branches
5i. Inability to cannulate because of depth or position
5j. Access related hand ischemia
5k. Non-infectious fluid collection
6a. Was there a separate diagnostic study done on the study fistula that was not a component of this intervention procedure and lead to this intervention?
6b. what was the date of this separate diagnostic study?
7a. Balloon angioplasty
7b. Balloon angioplasty plus stent
7c. Percutaneous chemical or mechanical thrombolysis or thrombectomy
7a1. Procedure for occlusion of accessory (collateral) vein
7e. Evacuation of hematoma
7f. Evacuation of other fluid collections
7g. Repair of bleeding

Label
7h. Patch angioplasty
7i. Bypass
7j. Surgical thrombectomy
7k. Balloon angioplasty
7l. Balloon angioplasty plus stent
7m. Patch angioplasty
7n. Bypass
7o. Creation of new anastomosis using same artery and vein
7p. Balloon angioplasty
7q. Balloon angioplasty plus stent
7r. Patch angioplasty
7s. Bypass
7t. Ligation of fistula
7u. Banding
7v. Distal revasculization interval ligation (DRIL)
7w. Placement of new anastomosis with same artery and vein
8. If the intervention was for thrombosis, did the person who was doing the intervention consider it to be successful?
1. Clinical Center Number
7J1. Repositioning of fistula vein
7S1. Open surgical repair without change in anastomosis or placement of graft material

Data Set Name: f424.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	DIAG_STUDY_TYPE	Num	8	DIAG_STUDY_TYPE_FMT.	2.	5. Type of diagnostic study
8	INDICATION	Num	8	INDICATION_FMT.	2.	6. Do you know the indication for this diagnostic study
9	VEN_PRESSURE	Num	8	YN.	2.	7a. High venous pressure
10	DIA_BLD_FLOW	Num	8	YN.	2.	7b. Inadequate blood flow on dialysis
11	ANEURYSM	Num	8	YN.	2.	7c. Pseudoaneurysm or aneurysm
12	EDEMA	Num	8	YN.	2.	7d. Arm edema
13	INFECTION	Num	8	YN.	2.	7e. Infection
14	INFILTRATION	Num	8	YN.	2.	7f. Frequent infiltration
15	SMALL_VEIN	Num	8	YN.	2.	7g. Vein too small
16	DEEP_VEIN	Num	8	YN.	2.	7h. Vein too deep to reliably cannulate
17	INS_LENGTH	Num	8	YN.	2.	7i. Insufficient length to cannulate
18	HAND_ISCHEMIA	Num	8	YN.	2.	7j. Access-related hand ischemia
19	BLD_FLOW_RATE	Num	8	YN.	2.	7k. Cannot achieve desired blood flow rate
20	SOLUTE_CLEAR	Num	8	YN.	2.	7l. Cannot achieve adequate solute clearance
21	RECOMMEND_INT	Num	8	RECOMMEND_INT_FMT.	2.	8. Was a recommendation for intervention made?
22	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
23	THROMB_THRILL	Num	8	YN.	2.	7m. Possible thrombosis or weak/absent thrill
24	STENOSIS_PE	Num	8	YN.	2.	7n. Possible/suspected stenosis

Data Set Name: f425.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	ALT_USE_TYPE	Num	8	ALT_USE_TYPE_FMT.	2.	5. Type of alternative use
8	ALT_LOCATION	Num	8	ALT_LOCATION_FMT.	2.	6. Location where alternative use occurred
9	CANN_USER	Num	8	CANN_USER_FMT.	2.	7. Who cannulated the fistula?
10	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f426.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	NEPHROLOGIST	Num	8	YN.	2.	5a. patient's nephrologist
8	SURGEON	Num	8	YN.	2.	5b. patient's surgeon
9	THROMBOSIS	Num	8	YN.	2.	6a. thrombosis
10	INFECTION	Num	8	YN.	2.	6b. infection
11	INFILTRATION	Num	8	YN.	2.	6c. frequent infiltration
12	SMALL_FIST	Num	8	YN.	2.	6d. fistula too small
13	DEEP_FIST	Num	8	YN.	2.	6e. fistula too deep to reliably cannulate
14	TORTUOUS_FIST	Num	8	YN.	2.	6f. fistula too tortuous
15	INS_LENGTH	Num	8	YN.	2.	6g. insufficient length to cannulate
16	HAND_ISCHEMIA	Num	8	YN.	2.	6h. access-related hand ischemia
17	ANEURYSM	Num	8	YN.	2.	6i. aneurysm / pseudoaneurysm
18	HYPERTENSION	Num	8	YN.	2.	6j. venous hypertension
19	BLD_FLOW_RATE	Num	8	YN.	2.	6k. cannot achieve desired blood flow rate
20	SOLUTES_CLEAR	Num	8	YN.	2.	6l. cannot achieve adequate solute clearance
21	NEW_ACCESS	Num	8	YN.	2.	7. Has a new access been placed as of the date this form is being completed?
22	NEW_TYPE	Num	8	NEW_TYPE_FMT.	2.	8. If yes, type of new access placed
23	NEW_DT	Num	8	DATETIME20.	DATETIME20.	9. If yes, date the new access was placed
24	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
25	LIGATED	Num	8	YN.	2.	6m. fistula ligated due to bleeding

Data Set Name: f503.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	ALIVE	Num	8	YN.	2.	5. Is the patient alive
8	FIST_STATUS	Num	8	YN_II.	2.	6. Study fistula status
9	DIALYSIS	Num	8	YN_II.	2.	7a. Is the patient on hemodialysis?
10	CENTRAL_CATH	Num	8	YN_II.	2.	7b. If yes, is the patient using a central catheter?
11	TRANSPLANT	Num	8	YN_II.	2.	8a. Did the patient have a transplant?
12	TRANSPLANT_DT	Num	8	DATETIME20.	DATETIME20.	8b. If yes, what was the date of the transplant?
13	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f506.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	WITHDRAW	Num	8	WITHDRAW_FMT.	2.	5. Patient has withdrawn consent for any further contact and data collection or was lost to follow up after maturation assessment was completed
8	LAST_CONTACT_DT	Num	8	DATETIME20.	DATETIME20.	6. Date the patient formally withdrew consent per IRB or was lost to follow up
9	COMMENTS	Char	2000	$2000.	$2000.	7. Describe in detail what happened in the text field below. Use the back of this sheet too
10	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f511.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date of Visit
4	IN_HOSPITAL	Num	8	2.	2.	4. Is the patient still in the hospital?
5	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f512.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date of Visit
4	ACCESS_COMPLICATION	Num	8	YN.	2.	4. Was this hospitalization due to a vascular access complication?
5	NS_ACCESS_REPLACED	Num	8	YN.	2.	5. Was a non study access repaired, removed or a new, non-study access placed?
6	SF_ACCESS_EVENT	Num	8	YN.	2.	6. Was there an access event for the HFM Study Fistula?
7	SF_ACCESS_INTERV	Num	8	YN.	2.	7. Was there an access intervention on the HFM Study Fistula?
8	SF_DIAG_STUDY	Num	8	YN.	2.	8. Was there a diagnostic study for the HFM Study Fistula?
9	SF_REPLACED	Num	8	YN.	2.	9. Was the HFM Study Fistula abandoned?
10	PT_STATUS	Num	8	PT_STATUS_FMT.	2.	10. Current status of patient
11	DISCH_DT	Num	8	DATETIME20.	DATETIME20.	11. date of discharge
12	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f521.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
4	death_dt	Num	8	MMDDYY8.		

Data Set Name: f550.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VIST	Char	1	$1.	$1.	3. Visit Number
4	VISN_MO	Num	8	4.	4.	4. Visit month
5	VISN_WK	Num	8	4.	4.	4. Visit week
6	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of Visit
7	REVIEW_DT	Num	8	DATETIME20.	DATETIME20.	5. Date of Outcome Committee Review
8	PRIM_STATUS	Num	8	PRIM_STATUS_FMT.	3.	6. Primary outcome fistula status
9	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
10	SUMMARY_COMM	Char	2000	$2000.	$2000.	7. Summary of successful maturation or maturation failure by Outcome Committee judgment

Data Set Name: f560.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	PID	Char	6	$6.	$6.	1. Patient Identification Number
2	AC	Char	2	$2.	$2.	2. Alphacode
3	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date of Visit
4	DEATH	Num	8	YN.	2.	4a. Death
5	LIFE_THREAT	Num	8	YN.	2.	4b. Immediately life-threatening
6	HOSP	Num	8	YN.	2.	4c. Required hospitalization
7	PROLONG_HOSP	Num	8	YN.	2.	4d. Prolonged existing hospitalization in the judgment of your PI
8	DISABILITY	Num	8	YN.	2.	4e. Persistent or significant disability/incapacity
9	BIRTH_DEFECT	Num	8	YN.	2.	4f. Congenital anomaly/birth defect
10	REVIEW_DT	Num	8	DATETIME20.	DATETIME20.	5. Date of Outcome Committee Review
11	RESULT	Num	8	RESULT_FMT.	2.	6. Results of deliberation
12	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f606.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VIST	Char	1	$1.	$1.	3. Visit Number
5	VISN_MO	Num	8	4.	4.	4. Visit month
6	VISN_WK	Num	8	4.	4.	4. Visit week
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	4. Date of blood collection
8	COLL_TM	Num	8			5. Time of blood draw
9	R_ICED	Num	8	COLL_FMT.	2.	6.2a. Was the specimen put on ice before it was spun? Serum (red top)
10	G_ICED	Num	8	COLL_FMT.	2.	6.2b. Was the specimen put on ice before it was spun? Heparin plasma (green top)
11	L_ICED	Num	8	COLL_FMT.	2.	6.2c. Was the specimen put on ice before it was spun?
12	R_COLD_SPIN	Num	8	YN.	2.	7a. Was the specimen spun in a refrigerated centrifuge? Serum (red top)
13	G_COLD_SPIN	Num	8	YN.	2.	7b. Was the specimen spun in a refrigerated centrifuge? Heparin plasma (green top)
14	L_COLD_SPIN	Num	8	YN.	2.	7c. Was the specimen spun in a refrigerated centrifuge? EDTA plasma (lavender top)
15	R_COLD_SPIN_TM	Num	8			8a. time specimen spun in a refrigerated centrifuge, Serum (red top)
16	G_COLD_SPIN_TM	Num	8			8b. time specimen spun in a refrigerated centrifuge, Heparin plasma (green top)
17	L_COLD_SPIN_TM	Num	8			8c. time specimen spun in a refrigerated centrifuge, EDTA plasma (lavender top)
18	R_FREEZE_TYPE	Num	8	FREEZE_TYPE_FMT.	2.	9a. Type of initial clinical center freeze, Serum (red top)
19	G_FREEZE_TYPE	Num	8	FREEZE_TYPE_FMT.	2.	9b. Type of initial clinical center freeze, Heparin plasma (green top)
20	L_FREEZE_TYPE	Num	8	FREEZE_TYPE_FMT.	2.	9c. Type of initial clinical center freeze, EDTA plasma (lavender top)
21	R_FREEZE_TM	Num	8			10a. Time specimen frozen in -70oC / -80oC freezer, Serum (red top)
22	G_FREEZE_TM	Num	8			10b. Time specimen frozen in -70oC / -80oC freezer, Heparin plasma (green top)
23	L_FREEZE_TM	Num	8			10c. Time specimen frozen in -70oC / -80oC freezer, EDTA plasma (lavender top)
24	SERUM_CT	Num	8	3.	3.	11. Number of 0.5 mL serum vials sent to Repository
25	PLASMA_CT	Num	8	3.	3.	12. Number of 0.5 mL heparin plasma vials sent to Repository

Num	Variable	Type	Len	Format	Informat	Label
26	EDTA_CT	Num	8	3.	3.	13. Number of 0.5 mL EDTA plasma vials sent to Repository
27	SHIP_DT	Num	8	DATETIME20.	DATETIME20.	14. Date shipped to Repository
28	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
29	R_BLD_VOL_REQ	Num	8	COLL_FMT.	2.	6.1a. Was the required volume of blood collected? Serum (red top)
30	G_BLD_VOL_REQ	Num	8	COLL_FMT.	2.	6.1b. Was the required volume of blood collected? Heparin plasma (green top)
31	L_BLD_VOL_REQ	Num	8	COLL_FMT.	2.	6.1c. Was the required volume of blood collected? EDTA plasma (lavender top)

Data Set Name: f607.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID Number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha Code
4	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date blood drawn
5	COLL_TM	Num	8			4. Time blood drawn
6	SHIP_DT	Num	8	DATETIME20.	DATETIME20.	5. Date specimen shipped to Repository
7	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
8	NOT_USABLE	Num	8	NOT_USABLE_FMT.	2.	190a. The DNA Repository flagged this specimen as unusable
9	NOT_USABLE_NOTIFY_DT	Num	8	DATETIME20.	DATETIME20.	190b. Date DCC notified

Data Set Name: f608.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date vein tissue collected
5	COLL_TM	Num	8			4. Time tissue collected
6	ENCLOSED	Num	8	ENCLOSED_FMT.	2.	6. What is enclosed?
7	RNA_TM	Num	8			7a. Time the tissue placed in RNA later
8	RNA_DT	Num	8	DATETIME20.	DATETIME20.	7a. date the tissue placed in RNA later
9	RNA_FRZ4_TM	Num	8			7b. Time the tissue placed in +4oC freezer
10	RNA_FRZ4_DT	Num	8	DATETIME20.	DATETIME20.	7b. date the tissue placed in +4oC freezer
11	RNA_FRZ80_TM	Num	8			7c. Time the tissue transferred to -80oC freezer
12	RNA_FRZ80_DT	Num	8	DATETIME20.	DATETIME20.	7c. date the tissue transferred to -80oC freezer
13	LN_TM	Num	8			8a. Time the tissue frozen in LN2
14	LN_DT	Num	8	DATETIME20.	DATETIME20.	8a. date the tissue frozen in LN2
15	LN_FRZ80_TM	Num	8			9b. Time the tissue frozen in -80oC freezer
16	LN_FRZ80_DT	Num	8	DATETIME20.	DATETIME20.	9b. date the tissue frozen in -80oC freezer
17	SHIP_DT	Num	8	DATETIME20.	DATETIME20.	9. Date tissue shipped to Repository
18	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
19	COLLECT_FROM	Num	8	COLLECT_FROM_FMT.	2.	5d. Where was this tissue collected from?

Data Set Name: f609.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
5	COLL_TM	Num	8			4. Time tissue collected
6	COLL_TYPE	Num	8	COLL_TYPE_FMT.	2.	5a. Was this vein tissue collected at the time of the operation for the HFM Study fistula?
7	LN_TM	Num	8			7a. Time the tissue frozen in LN2
8	LN_DT	Num	8	DATETIME20.	DATETIME20.	7a. date the tissue frozen in LN2
9	LN_FRZ80_TM	Num	8			7b. Time the tissue frozen in -80oC freezer
10	LN_FRZ80_DT	Num	8	DATETIME20.	DATETIME20.	7b. date the tissue frozen in -80oC freezer
11	SHIP_DT	Num	8	DATETIME20.	DATETIME20.	8. Date tissue shipped to Repository
12	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
13	COLLECT_FROM	Num	8	COLLECT_FROM_FMT.	2.	5b. Where was this tissue collected from?

Data Set Name: f610.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
5	COLL_TM	Num	8			4. Time tissue collected
6	COLL_TYPE	Num	8	COLL_TYPE_FMT.	2.	5a. Was this vein tissue collected at the time of the operation for the HFM Study fistula?
7	FORMALIN_TM	Num	8			7. Time the tissue placed in formalin
8	FORMALIN_DT	Num	8	DATETIME20.	DATETIME20.	7. date the tissue placed in formalin
9	ETHANOL_TM	Num	8			8. Time the tissue placed in ethanol
10	ETHANOL_DT	Num	8	DATETIME20.	DATETIME20.	8. date the tissue placed in ethanol
11	SHIP_DT	Num	8	DATETIME20.	DATETIME20.	9. Date tissue shipped to Repository
12	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number
13	COLLECT_FROM	Num	8	COLLECT_FROM_FMT.	2.	5b. Where was this tissue collected from?
14	NOT_USABLE	Num	8	2.	2.	190a. The Histology Core flagged this specimen as unusable
15	NOT_USABLE_NOTIFY_DT	Num	8	DATETIME20.	DATETIME20.	190b. Date DCC notified

Data Set Name: f701.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
5	RECV_DT	Num	8	DATETIME20.	DATETIME20.	4. Date vein samples received at Core
6	INTIMA	Num	8	YN.	2.	6a. Calcium present in INTIMA
7	INTIMA_PATTERN	Num	8	PATTERN_FMT.	2.	6b. If yes, pattern
8	MEDIA	Num	8	YN.	2.	7a. Calcium present in MEDIA
9	MEDIA_PATTERN	Num	8	PATTERN_FMT.	2.	7b. If yes, pattern
10	ADV	Num	8	YN.	2.	8a. Calcium present in ADVENTITIA
11	ADV_PATTERN	Num	8	PATTERN_FMT.	2.	8b. If yes, pattern
12	ADV_MICRO	Num	8	YN.	2.	9a. Calcium present in ADVENTITIAL MICROVESSELS
13	ADV_MICRO_PATTERN	Num	8	PATTERN_FMT.	2.	9b. If yes, pattern
14	LUMEN	Num	8	YN.	2.	10a. Calcium present in LUMEN
15	LUMEN_PATTERN	Num	8	PATTERN_FMT.	2.	10b. If yes, pattern
16	VALVE	Num	8	YN.	2.	11a. Valve present
17	VALVE_CA	Num	8	YN.	2.	11b. If yes, is calcium present in valve
18	VALVE_CA_PATTERN	Num	8	PATTERN_FMT.	2.	11c. If yes, pattern
19	NOTES	Char	2000	$2000.	$2000.	12. Notes
20	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f702_f702f.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VIST	Char	1	$1.	$1.	3. Visit Number
5	VISN_MO	Num	8	4.	4.	4. Visit month
6	VISN_WK	Num	8	4.	4.	4. Visit week
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
8	IEL	Num	8	7.	7.	5. IEL Length range 1,000 - 20,000
9	EEL	Num	8	7.	7.	6. EEL Length range 1,000 - 20,000
10	LUMINAL	Num	8	8.	8.	7. Luminal Area range 1,000 - 9,000,000
11	OPT_LUMINAL	Num	8	8.	8.	8. Optimal Luminal Area range 10,000 - 9,000,000
12	TOTAL	Num	8	9.	9.	9. Total Area range 100,000 - 15,000,000
13	LESION	Num	8			Lesion Area (automatically populated, Optimal Luminal Area - Luminal Area)
14	MEDIAL	Num	8			Medial Area (automatically populated, Total Area - Optimal Luminal Area)
15	MEDIAL_IEL	Num	8			Medial Area/IEL Length (automatically populated)
16	NEO_MEDIA	Num	8			Neo/Media (automatically populated, Lesion Area/ Medial Area)
17	NEO_MEDIA_PCT	Num	8			Neo/Media*100% (automatically populated, 100*Lesion Area/ Medial Area)
18	LUM_PATENCY	Num	8			Luminal patency (%)(automatically populated, 100*((Optimal Luminal Area - Lesion Area)/Optimal Luminal Area))
19	COMP_XSECT	Num	8	YN.	2.	10. Complete cross section
20	PCT_PRESENT	Num	8	6.1	6.1	11. If incomplete cross section, estimated percent present
21	COLL_IEL	Num	8	COLL_IEL_FMT.	2.	12. Collagen localized sub IEL
22	COLL_SML	Num	8	COLL_SML_FMT.	2.	13. Collagen localized in medial smooth muscle layer
23	NOTES	Char	2000	$2000.	$2000.	14. Notes
24	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f703.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VIST	Char	1	$1.	$1.	3. Visit Number
5	VISN_MO	Num	8	4.	4.	3. Visit month
6	VISN_WK	Num	8	4.	4.	3. Visit week
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
8	CD31_NEO	Num	8	4.	4.	5. Number of CD31 positive vessels in NEOINTIMA range 0-500
9	CD31_MEDIA	Num	8	4.	4.	6. Number of CD31 positive vessels in MEDIA range 0-500
10	CD68_NEO	Num	8	4.	4.	7. Number of CD68 positive cells in NEOINTIMA range 0-100
11	CD68_MEDIA	Num	8	4.	4.	8. Number of CD68 positive cells in MEDIA range 0-250
12	KI67_NEO	Num	8	4.	4.	9. Number of Ki67 positive cells in NEOINTIMA range 0-200
13	KI67_MEDIA	Num	8	4.	4.	10. Number of Ki67 positive cells in MEDIA range 0-500
14	NOTES	Char	2000	$2000.	$2000.	11. Notes
15	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number

Data Set Name: f703c.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	SAMPLE_ID	Num	8	4.	4.	1. Sample ID number
2	PID	Char	6	$6.	$6.	1. Patient Identification Number
3	AC	Char	2	$2.	$2.	2. Alpha code
4	VIST	Char	1	$1.	$1.	3. Visit Number
5	VISN_MO	Num	8	4.	4.	3. Visit month
6	VISN_WK	Num	8	4.	4.	3. Visit week
7	VISIT_DT	Num	8	DATETIME20.	DATETIME20.	3. Date Vein Tissue Collected
8	TUNEL_NEO	Num	8	4.	4.	5. Number of CLEAVED CASPASE 3 positive cells in NEOINTIMA range 0-250
9	TUNEL_MEDIA	Num	8	4.	4.	6. Number of CLEAVED CASPASE 3 positive cells in MEDIA range 0-250
10	NOTES	Char	2000	$2000.	$2000.	7. Notes
11	CC_N	Num	8	CC_N_FMT.	3.	1. Clinical Center Number