

# F110

## Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Dialysis Unit Form (Form # 110)

1. a. HFM Study ID of dialysis unit..... DU\_ID
- b. Name of the dialysis unit (automatically populated) ..... DU\_NAME
- c. Address of the dialysis unit:
  - Line 1: .....MAIL\_ADDR1
  - Line 2: .....MAIL\_ADDR2
  - Line 3: .....MAIL\_ADDR3
  - Line 4: .....MAIL\_ADDR4
  - City: .....MAIL\_CITY
  - State: ..... MAIL\_ST
  - Zip code: ..... MAIL\_ZIP
2. Which clinical center does this belong to? .....CC\_N
 

1=Boston University Medical Center	4=University of Texas Southwestern	7=Manchester
2=University of Cincinnati	5=University of Utah	8=University of Alabama
3=University of Florida	6=University of Washington	
3. a. Will the Biosample Repository Specimens be collected  
at this unit? (0=no, 1=yes).....BRS\_COLLECTED
- b. Will the DNA Repository Specimens be collected  
at this unit? (0=no, 1=yes).....DNA\_COLLECTED
4. a. Is this a non-profit or for-profit unit? (1=non-profit, 2=for profit) ..... PROFIT
- b. If for-profit, what chain is it a part of? .....CHAIN  
0=none, 1=Davita, 2=DCA, 3=DCI, 4=Fresenius, 5=Gambro, 6=Renal Care Group, 7=Liberty  
*Note: Email [fm-dcc@bio.ri.ccf.org](mailto:fm-dcc@bio.ri.ccf.org) if the chain your are using is not on the list and  
a new code will be assigned.*
5. a. Is this dialysis unit under the primary IRB for the clinical center? (0=no, 1=yes) .....IRB\_PRIM
- b. If not, ID of the IRB this dialysis unit is under ..... IRB\_ID  
*Enter IRB approval information on HFM Study IRB Form 120*
6. a. Has the unit Medical Director approved that this particular dialysis unit  
participate in HFM Study? (0=no, 1=yes)..... MD\_APPROVE
- b. If yes, date the Medical Director approved this (mm/dd/yyyy) .....MD\_APPROVE\_DT  
*Note: If the exact date of approval is not available, use the 1st f the month when the approval was received.*

**Access Coordination**

- 7. a. At this dialysis unit, are the nephrologists involved with decisions on when and where to refer patients to surgery for vascular access placement? (0=no, 1=yes)... VAC\_NEPH
- b. Is there a specified vascular access coordinator at this dialysis unit? (0=no, 1=yes)..... VAC
- c. Username of the vascular access coordinator ..... VAC\_USERID
- d. If yes, does the vascular access coordinator participate in scheduling referrals, evaluations and surgery? (0=no, 1=yes)..... VAC\_SCHED
- 8. Is this unit rural, suburban or urban? (1=rural, 2=suburban, 3=urban)..... RURAL\_URBAN
- 9. a. How many stations are currently used at this unit? ..... STATION\_N
- b. How many (total) chronic (approximately 3 x weekly) hemodialysis patients are treated per week at this unit? .....PTS\_WK\_N
- 10. At this unit, who decides when a new access is ready to be cannulated? ..... CANN\_DECIDE  
 0=depends on the patient and fistula      3=surgeon who placed the access decides  
 1=unit staff decides                              4=it is a group decision  
 2=patient’s nephrologist decides
- 11. Does this unit have a written protocol specifying the procedure for initial cannulation of fistula? (0=no, 1=yes) ..... CANN\_PROC
- 12. For the first cannulation of a fistula, does this unit have a usual protocol for who does the initial cannulation?..... CANN\_WHO  
 0=no, it depends on the patient and the fistula  
 1=the person noted locally as the “best cannulator” does it  
 2=must be done by a nurse  
 3=must be done by a patient care technician  
*(If there is some other guideline, contact the dcc at [fm-dcc@bio.ri.ccf.org](mailto:fm-dcc@bio.ri.ccf.org) for a new code)*
- 13. For the first cannulation of a fistula, does this unit have a usual protocol for needles? ..... CANN\_NEEDLE  
 0=no, it depends on the patient and the fistula  
 1=yes, an arterial needle is recommended  
 2=yes, a venous needle is recommended  
 3=yes, two needles are used
- 14. In this unit, how many sessions will the nurse/technician typically use a single needle before cannulating with two needles? .....SINGLE\_NEEDLE  
 0 = depends on the patient and fistula  
 1 = 1 session                                      5 = 5 sessions  
 2 = 2 sessions                                    6 = 6 sessions  
 3 = 3 sessions                                    7 = >6 sessions  
 4 = 4 sessions                                    8 = use two needles with initial cannulation
- 15. For the first cannulation of a fistula, does this unit have a usual protocol for gauge?..... GAUGE  
 0 = no, it depends on the patient and the fistula; 1 = 15g; 2 = 16g; 3 = 17g  
*(If there is some other guideline, contact the dcc at [fm-dcc@bio.ri.ccf.org](mailto:fm-dcc@bio.ri.ccf.org) for a new code)*

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? .....GAUGE\_INCR  
 0 = depends on the patient and fistula    5 = 5 sessions  
 1 = 1 session                                    6 = 6 sessions  
 2 = 2 sessions                                 7 = >6 sessions  
 3 = 3 sessions                                 8 = maximum size is used right away initial cannulation  
 4 = 4 sessions
17. For the majority of the dialysis session, what blood pump speed is used for the initial cannulation? .....PUMP\_SPEED  
 0 = depends on patient and fistula    4 = 350 ml/min  
 1 = 200 ml/min                                5 = 400 ml/min  
 2 = 250 ml/min                                6 = > 400 ml/min  
 3 = 300 ml/min
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?..... PUMP\_SPEED\_INCR  
 0 = depends on patient and fistula    5 = 5 sessions  
 1 = 1 session                                    6 = 6 sessions  
 2 = 2 sessions                                 7 = >6 sessions  
 3 = 3 sessions                                 8 = use maximum speed with initial cannulation  
 4 = 4 sessions
19. What portion of the time is the Buttonhole technique done? ..... BUTTONHOLE  
 0 = used on none or almost none of the patients  
 1 = on less than 1/3 of the patients  
 2 = on less than 2/3 of the patients  
 3 = on all or almost all patients

200. Date this form completed (mm/dd/yyyy) ..... COMP\_DT
201. Username of person completing/reviewing completeness of this form.....COMP\_USER

<b>Clinical Center Use Only</b>	
Date Form Entered (mm/dd/yyyy) __ __/__ __/__ __ __ __	ENTER_DT
Username of person entering this form__ __ __ __ __ __	ENTER_USER