

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 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 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 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

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____ ENTER_DT

Username of person entering this form____ ENTER_USER