

F112

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Surgical Facility Form (Form # 112)

Before the study starts, the Clinical Centers will provide the DCC with the name of each surgical facility that will be participating in the HFM Study, and the DCC will assign a code number.

1. a. HFM Study ID of this surgical facilitySF_ID
 b. Name of this surgical facility (automatically populated).....SF_NAME
2. Which clinical center does this surgical facility 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. Type of surgical facility (1=hospital, 2=outpatient surgical center, 3=vascular access center)..... SF_TYPE
4. Address of the facility:
 Line 1:MAIL_ADDR1
 Line 2:MAIL_ADDR2
 Line 3:MAIL_ADDR3
 Line 4:MAIL_ADDR4
 City:MAIL_CITY
 State:MAIL_STATE
 Zip code:MAIL_ZIP
5. This practice setting would be classified asSETTING
 1=Academic (surgery training program and primary teaching institution of a medical school)
 2=Academic-affiliated (surgery training program but not primary teaching institute of a medical school)
 3=Private practice
6. a. Is there a vascular access coordinator specifically assigned to this facility? (0=no, 1=yes) VAC
 b. Vascular access coordinator username VAC_USERID
 c. Does the access coordinator participate in scheduling referrals, evaluations and surgery? (0=no, 1=yes)..... VAC_SCHED
7. a. Is this surgical facility under the primary IRB for the clinical center? (0=no, 1=yes)..... IRB
 b. If not, ID of the IRB this surgical facility unit is under IRB_ID
Enter IRB approval data on HFM Study IRB Form 120.
8. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2007?..... AVF_2007
9. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2008?..... AVF_2008
10. Approximately how many new AVFs (not grafts, revisions or converted AVFs from grafts) were created here in 2009?..... AVF_2009
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