

F205

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Baseline Medication Data Form (Form # 205)

Record all prescription medications, over-the-counter (OTC) medications, and supplements on this form (include prn medications). You may write additional medications on a separate attached page. The computer will allow you to enter as many medications as needed.

<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date of Visit: mm/dd/yyyy VISIT_DT

Medication/Supplement Name (Enter generic name or U.S trade name)	Medication Code* Using WHODrug
5. DRUG	CODE
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

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