

# F211

## Hemodialysis Fistula Maturation Study (HFM Study) Venous Plethysmography Study Form (Form # 211)

Getting Ready for Vascular Function Study Form 210 must be completed prior to performing this study. Form 210 needs to be key-entered in the database before Form 211. Please contact Mai-Ann Carey at 267-566-3142 if there are any problems conducting the test.

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1. Identification Number PID 2. Alphacode AC 3a. Visit Number VIST 3b. Date of Visit (mm/dd/yyyy) VISIT\_DT
4. HFM Study ID of the Vascular Function Lab used ..... VFL\_ID
5. a. Was Venous Plethysmography study done today? ..... VPS\_DONE  
 1=Yes, completed, 2=No, patient refused, 3=No, logistic problem related to the patient  
 4=No, logistic problem related to site, 5=No, medical problem (**If this test will be made up on another day, there is no need to key enter this form.**), 6=No, technical problem related to site, 7=The test was done, but the results were rejected by the Vascular Function Core  
 b. If this test will never be done, or results were rejected by the Core, briefly explain why, and then skip to item 200. VPS\_RSN

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6. What model machine was used for this study ..... VPS\_MODEL  
 1 = Hokanson EC6  
*Note: Email [fm-dcc@bio.ri.ccf.org](mailto:fm-dcc@bio.ri.ccf.org) if your machine is not on this list and a new code will be assigned.*
7. Username of person who did the study (use study username) ..... VPS\_USERID
8. a. Date image study done (mm/dd/yyyy) ..... VPS\_IMAGE\_DT  
 b. Time image study started (24 hour clock HH:MM).....VPS\_START\_TM
9. Which arm was used for this image study (1=left, 2=right) ..... VPS\_ARM
10. a. Wrist circumference of arm at the ulnar styloid process (cm)..... WRIST\_CM  
 b. Elbow circumference of arm at medial epicondyle (cm)..... ELBOW\_CM  
 c. Forearm length between ulnar styloid process and medial epicondyle (cm)..... FOREARM\_CM  
 d. Forearm circumference at the widest spot (determined by sight) (cm)FOREARM\_WIDEST\_CM  
 e. Distance from base of palm to tip of tallest finger (cm).....DISTANCE\_CM  
**Note: All measurements for Q10a-10e must be made with palm facing up.**
11. Size of gauge (cm) ..... GAUGE\_SZ

12. Results of the study

<b>Predetermined Pressures (mmHg)</b>	<b>CAP (%)</b> range=0.00-20.00	<b>Maximal Venous Outflow (MVO)</b> range=0.01-500
20	CAP_20	MVO_20
30	CAP_30	MVO_30
40	CAP_40	MVO_40
50	CAP_50	MVO_50
60	CAP_60	MVO_60

The upper range for CAP% increased from 15-20 on 6/14/2011

The lower range for Maximal Venous Outflow (MVO) decreased from 0.01 to 0.00 on 6/16/2011

The lower range for Maximal Venous Outflow (MVO) increased from 0.00 to 0.01 on 10/24/2011

200. Date this form completed (mm/dd/yyyy) ..... COMP\_DT

201. Username of person completing/reviewing completeness of this form..... COMP\_USER

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