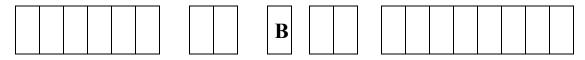
F211

## 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.



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
- - 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

6.	1 =	What model machine was used for this study	PS_MODEL	
7.	Us	Jsername of person who did the study (use study username)V	PS_USERID	
8.	a.	n. Date image study done (mm/dd/yyyy) VPS_	_IMAGE_DT	
	b.	D. 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.	b. Elbow circumference of arm at medial epicondyle (cm)	ELBOW_CM	
	c.	. Forearm length between ulnar styloid process and medial epicondyle (cm) FOR	REARM_CM	
	d.	A. Forearm circumference at the widest spot (determined by sight) (cm)FOREARM_W	VIDEST_CM	
	e.	e. Distance from base of palm to tip of tallest finger (cm)DIS	TANCE_CM	
	Note: All measurements for Q10a-10e must be made with palm facing up.			
11.	Siz	Size of gauge (cm)		

## 12. **Results of the study**

Predetermined Pressures (mmHg)	CAP (%) range=0.00-20.00	Maximal Venous Outflow (MVO) 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

## Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ENTER DT

Username of person entering this form ENTER\_USER