F213

Hemodialysis Fistula Maturation Study (HFM Study) Brachial Artery FMD/NMD Image Study Form (Form # 213)

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 213. Please contact Mai-Ann Carey at 267-566-3142 if there are any problems conducting the test.

DO NOT perform NMD Vascular Function study if any of the following is true:

- any of the 3 pre-procedure systolic blood pressure measurements were < 100 mmHg
- the patient is a woman of child-bearing potential that does not have a pregnancy test done within 48 hours prior to this image study or the pregnancy test that was done was positive

Instructions: When vascular function testing has been completed, send by overnight courier **all available images** to the HFM Study Vascular Function Central Reading Facility **along with a copy of the Form**

- patient has a history of nitrate intolerance

3 = ATL 5000

4 = Philips HDI 5000

- patient has a history of migraine headaches
- patient has used Viagra, Levitra or Cialis in the last 7 days

213. On shipping day, send an email message to this email address fm-vascore@bio.ri.ccf.org saying: "Please be advised that the vascular function testing for patient xxxxxx-yy has been sent by overnight courier (include name of service company) today, (mm/dd/yyyy) to the Vascular Function Central Reading Facility. The tracking number is xxxx-xxxx." B 1. Identification Number PID 2. Alphacode AC 3a. Visit Number VIST 3b. Date of Visit (mm/dd/yyyy) VISIT_DT 4. **Brachial Artery Flow-Mediated Dilation (FMD)** a. Was Brachial Artery FMD study done today?FMD_DONE 1=Yes, completed 4=No, logistic problem related to site 2=No, patient refused 5=No, medical problem 3=No, logistic problem related to the patient b. If this test will never be done, briefly explain why, and then skip to item 20. FMD_RSN What model machine was used for this studyFMD_MODEL 5 = Philips 50001 = Toshiba Xario 2 = GE Vivied 7 – V7916 Ultrasound system 6 = EnVizor

7 = BioSound Ultrasound

8 = Phillips iU22 9 = Phillips ie33

10 = Vivied 1

Note: Email fm-dcc@bio.ri.ccf.org if your machine is not on this list and a new code will be assigned.

Note: Email <u>fm-dcc@bio.ri.ccf.org</u> if your machi	ne is not on this list and a new code w	will be assigned.
7. Username of person who did the study		FMD_USERID
8. Which arm was used for this image study (1=left, 2=right)		FMD_ARM
9. a. Date image study done (mm/dd/yyyy)		FMD_IMAGE_DT
b. Time image study started (24 hour clock	HH:MM)	FMD_START_TM
10. Date FMD image study CD was sent to		
Vascular Function Central Reading Facility		FMD_SENT_DT
Note: Make sure you keep a copy of the C	D in your Clinical Center.	
Brachial Artery Nitroglycerin-Mediated Dil	ation (NMD)	
• DO NOT perform this vascular function pressure measurements were < 100 mm	• • • • • •	edure systolic blood
 HFM Study Consent Form requires that test within 48 hours prior to this test 	t women of child-bearing poten	tial have a pregnancy
11. Pregnancy test required? (1=yes, 2=no, male, 3=	=no, female not of child bearing potential,	4=no, NMD not done today) PREG_TEST
Complete items 12 and 13 for women of child-	-bearing potential:	
12. Date of pregnancy test (mm/dd/yyyy)		PREG_TEST_DT
13. Results of pregnancy test (0=not pregnant, 1=	pregnant)	PREG_RSLT
 14. a. Was the Brachial Artery NMD study of 1=Yes, completed 2=No, patient refused 3=No, logistic problem related to the patient 4=No, logistic problem related to site b. If the NMD test will never be done, braches 	5=No, patient has systolic BP < 10 6=No, patient has history of nitrate 7=No, patient has history of migrai 8=No, patient has used Viagra, Lev 9=No, other medical reason	0 mmHg intolerance ne headaches vitra or Cialis in the last 7 days
15. What model machine was used for this im 1 = Toshiba Xario 2 = GE Vivied 7 – V7916 Ultrasound system 3 = ATL 5000 4 = Philips HDI 5000 Note: Email fin-dcc@bio.ri.ccf.org if your machine	5 = Philips 5000 6 = EnVizor 7 = BioSound Ultrasoun 8 = Phillips iU22 9 = Phillips ie33 10 = Vivied 1	nd
16. Username of person who did the study		NMD USERID
17. Which arm was used for this image study		
18. a. Date image study done (mm/dd/yyyy)	_	

b. Time image study started (24 hour clock HH:MM)......NMD_START_TM

19. Date NMD image study CD was sent to Vascular Function Central Reading Facility (mm/dd/yyyy)	
Q20 a-d are provided to help the Vascular Function Central Reading Facility and	·
20. a. Name of person completing this form: b. Phone Number:	_
d. Name of HFM Study Clinical Center:	
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	

For later DCC Use only:

190.

- a. FMD Flagged unreadable by Vascular Function Reading Facility?FMD_UNREADABLE
 - $(1=flagged\ as\ unreadable,\ 2=flagged\ as\ incomplete\ and\ not\ forced\ into\ the\ database,\ 3=flagged\ as\ incomplete\ and\ forced\ into\ the\ database)$
- b. Date DCC notified (mm/dd/yyyy) FMD_NOTIFY_DT

191.

- a. NMD Flagged unreadable by Vascular Function Reading Facility? NMD_UNREADABLE
 - $(I=flagged\ as\ unreadable,\ 2=flagged\ as\ incomplete\ and\ not\ forced\ into\ the\ database,\ 3=flagged\ as\ incomplete\ and\ forced\ into\ the\ database)$
- b. Date DCC notified (mm/dd/yyyy) NMD_NOTIFY_DT