

F216

Hemodialysis Fistula Maturation Study (HFM Study) Local Ultrasound Imaging and Transmission Form (Form # 216)

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1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date of Ultrasound: (mm/dd/yyyy) VISIT_DT

(Use target date if ultrasound was not done for early post op, two weeks post op, and six weeks post op)

5. a. Ultrasound Facility UF_ID
- b. Ultrasound category: US_CATEGORY
- 1 = pre-op
 - 2 = early post op, same day as surgery
 - 3 = early post op, first day after surgery
 - 4 = early post op, second day after surgery
 - 5 = about 2 weeks post-op
 - 6 = about 6 weeks post-op
 - 7 = fistulogram, angiography or angioplasty scheduled in the next 5 days (Complete Study Access Intervention Form - Form 423)
 - 8 = surgical intervention scheduled in the next 5 days (Complete Study Access Intervention Form - Form 423)
 - 9 = prior to or shortly after cannulation when cannulation occurs between 10 and 26 weeks
 - 10 = 26 weeks after creation (fistula was not cannulated or revised)
 - 88 = at a time not specified above
6. a. Status of ultrasound (0=not done, 1=done) US_STATUS
- b. If not done, briefly explain why, and then skip to item 200. US_STATUS_RSN
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7. For ultrasounds done prior to the study fistula creation surgery (Q5b=1):
Which arm was used for this image study (1=left, 2=right, 3=bilateral)..... US_ARM
8. For ultrasounds done after fistula creation surgery (Q5b=2 through 9):
- a. Has this fistula ever been cannulated? (0=no, 1=yes) CANNULATED
- b. If yes, about how many times has the fistula been cannulated?CANNULATED_CT
Enter 99 if the fistula was cannulated 99 or more times.
9. Who performed the ultrasound study (use study username) US_PERF_USERID
10. What type of ultrasound machine was used?..... US_SCANNER
- 1=GE Logiq9, 2=Philips HDI5000, 3=Philips iU22, 4=Siemens Sequoia, 5=Biosound, 6=Toshiba Xario XG
 - 7=Toshiba Aplio, 8=Philips CX50
- Note: Email fm-dcc@bio.ri.ccf.org if an ultrasound facility gets a new machine that is not on this list and a new code will be assigned.*

- 11. a. Date the ultrasound worksheet was faxed to the
Ultrasound Core (mm/dd/yyyy)..... WKSHT_SENT_DT
- b. Date image sent to the Ultrasound Core (mm/dd/yyyy)..... IMAGE_SENT_DT
- 12. How was the image sent to the Ultrasound Core? TRANS_METHOD
1=electronically, 2=via FedEx
- 13. For the arterial and vein mapping portion of this ultrasound (not looking at the subclavian or
internal jugular veins), what position was the patient in? (1=sitting, 2=laying down) POSITION

For DCC Use Only:

197. Completely Unreadable per HFM Study Ultrasound Core? (0=no, 1=yes)CORE_US_STATUS

198. Date DCC notified (mm/dd/yyyy).....DCC_NOTIFY_DT

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