

F230

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) AVF Creation Surgery Notification Form (Form # 230)

This form is used to confirm AVF creation and should be key entered within two days of AVF creation surgery. (Details of the surgery are recorded on Form 231.) If you learn that a single step AVF will not be created, please file a Baseline Dropout Form 240 as soon as possible.

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1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date of Access Creation Surgery: mm/dd/yyyy VISIT_DT

5. Status of receiving chronic dialysis on the day of surgery.....DIAL_STATUS
0=Patient is not yet on chronic dialysis
1=Patient received hemodialysis 2 or more days ago
2=Patient received hemodialysis yesterday
3=Patient received hemodialysis earlier today
4=Patient is on PD

6. Was an AVF created? (0=no, 1=yes)AVF_CREATED

7. Was a planned single stage surgery performed?..... SINGLE_STAGE
0 = (for US sites only) no
1 = yes
2 (for MANVAS only): a one-stage surgery was planned but instead, the first of two stages was done
3 (for MANVAS only): a two-stage surgery was planned, but instead, a one-stage surgery was done.

8. In which arm was the fistula placed? (1=left, 2=right) ARM

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