

# F421

## Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Non-Study Access Event Form (Form # 421)

Use this form to document changes in a patient's non-study access after the study access placement surgery.

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1. Identification Number PID      2. Alphacode AC      3. Visit Number VISIT      4. Date of Non Study Access event: mm/dd/yyyy VISIT\_DT

5. Patient's Current Type of Non-Study Access .....NS\_ACCESS\_TYPE

- 0 = No current non-study access**
- 1 = AV graft – forearm
- 2 = AV graft - upper arm
- 3 = AV graft – thigh
- 4 = AV fistula - forearm
- 5 = AV fistula - upper arm
- 6 = Non tunneled internal jugular
- 7 = Non tunneled subclavian
- 8 = Non tunneled femoral
- 9 = Tunneled internal jugular
- 10 = Tunneled subclavian
- 11 = Tunneled femoral
- 12 = Tunnel with subcutaneous port
- 13 = PD catheter
- 98 = Other

6. Patient's Current type of dialysis .....CURR\_DIAL\_TYPE  
0 = not on dialysis, 1 = currently on hemodialysis, 2 = currently on peritoneal dialysis

- 7. What happened to the patient's **current** non-study access?
  - a. had a diagnostic procedure (0=no, 1=yes, 8=N/A, no current non-study access) .....DX\_PROC
  - b. had a repair procedure (0=no, 1=yes, 8= N/A, no current non-study access)..... REPAIR\_PROC
  - c. access was removed(0=no, 1=yes, 8= N/A, no current non-study access) ..... REMOVED
  - d. some other event happened (0=no, 1=yes, 8=N/A, no current non-study access).....OTHER\_EVENT

8. Was a new, **non-study access** placed? (0=no, 1=yes) .....REPLACED

- 9. a. If 8 = yes, what type of access is the new non study access?.....NEW\_ACCESS\_TYPE
  - 1 = AV graft – forearm
  - 2 = AV graft - upper arm
  - 3 = AV graft – thigh
  - 4 = AV fistula - forearm
  - 5 = AV fistula - upper arm
  - 6 = Non tunneled internal jugular
  - 7 = Non tunneled subclavian
  - 8 = Non tunneled femoral
  - 9 = Tunneled internal jugular
  - 10 = Tunneled subclavian
  - 11 = Tunneled femoral
  - 12 = Tunnel with subcutaneous port
  - 13 = PD catheter
  - 98 = Other

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