

n. Possible/suspected stenosis (0=no, 1=yes).....STENOSIS_PE

Note: If the primary indication for the diagnostic study is not known, e-mail the DCC at fm-dcc@bio.ri.ccf.org

8. Was a recommendation for intervention made?RECOMMEND_INT

- 1 = no, access did not need repair
- 2 = no, access was deemed unfixable (*Complete Study Access Abandonment Form 426 if needed*)
- 3 = yes, and it seems likely access will be repaired (*Study Access Intervention Form 423 when needed*)
- 4 = yes, but it seems likely repair will not be done because the patient is not well enough
- 5 = yes, but it appears likely repair will not be done due to patient preference
- 8 = yes, but it seems likely repair will not be done for some other reason
- 9 = unknown. We cannot determine whether a recommendation for intervention was made.

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