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F425

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies)
Study Fistula Used for Purpose Other than Dialysis (Form # 425)

1. Identification Number PID 2. Alphacode AC 3. Visit Number VIST 4. Date fistula used for a purpose other than dialysis: mm/dd/yyyy VISIT_DT

5. Type of alternative use ..... ALT_USE_TYPE
   1=as IV access
   2=for blood draw independent of dialysis
   3=for recreational drug use
   4=other

6. Location where alternative use occurred..... ALT_LOCATION
   1=dialysis unit
   2=outpatient clinic
   3=hospital
   4=rehab unit/nursing home/other institution
   5=non-clinical setting including patient's home

7. Who cannulated the fistula? ..... CANN_USER
   1=physician
   2=nurse
   3=dialysis technician / dialysis nurse
   4=patient
   5=phlebotomist
   6= EMT or other emergency medical responder

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