

F503

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Long Term and Post-Abandonment Clinical Outcome Form (Form # 503)

Complete this form

- 1) every six months after the date of abandonment, from abandonment until the end of the study or
- 2) following DCC recommended timing, for patients no longer providing data for the monthly Form 300.

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

5. Is the patient alive (0=no, 1=yes) ALIVE

(If patient died, complete Clinical Center Death Notification Form 521, and answer Q.6, 7, & 8 as appropriate up to the time of death)

6. Study fistula status (1=abandoned, 2=not abandoned, 9=unknown)..... FIST_STATUS

7. a. Is the patient on hemodialysis? (0=no, 1=yes, 9=unknown)..... DIALYSIS

b. If yes, is the patient using a central catheter? (0=no, 1=yes, 9=unknown)..... CENTRAL_CATH

8. a. Did the patient have a transplant? (0=no, 1=yes, 9=unknown) TRANSPLANT

b. If yes, what was the date of the transplant? (mm/dd/yyyy)TRANSPLANT_DT

200. Date this form completed (mm/dd/yyyy) COMP_DT

201. Username of person completing/reviewing completeness of this form.....COMP_USER

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| Clinical Center Use Only |
| Date Form Entered (mm/dd/yyyy) ___/___/___ ENTER_DT |
| Username of person entering this form _____ ENTER_USER |