

F511

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Clinical Center Hospitalization Notification Form (Form # 511)

This form is completed for HFM Study patients who are in follow-up and on in-center hemodialysis when the hospitalization causes a patient to miss a dialysis session at his or her dialysis unit.

This form is also completed for any hospitalization that occurred as a direct result of participation in the HFM Study. In addition, an SAE Form 531 must be completed for these hospitalizations.

This form should be completed as soon as the Clinical Center becomes aware that a patient has been hospitalized. Form 512 must also be completed and entered when the patient is discharged or dies during hospitalization.

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1. Identification Number PID 2. Alphacode AC 3. Hospital Admission Date: mm/dd/yyyy VISIT_DT

4. Is the patient still in the hospital?IN_HOSPITAL
0=No-alive, no longer in hospital (enter discharge date on Form 512),
1=No-died (enter Form 521)
2=Yes-still in hospital

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
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