

F512

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Clinical Center Final Hospitalization Form (Form # 512)

If this hospitalization occurred as a direct result of participation in the HFM Study, complete SAE Form 531.

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

4. Was this hospitalization due to a vascular access complication? (0=no, 1=yes)ACCESS_COMPLICATION

During this hospitalization:

5. Was a non study access repaired, removed or a new, non-study access placed?
(If so, complete Form 421) (0=no, 1=yes)NS_ACCESS_REPLACED

6. Was there an access event for the HFM Study Fistula? (If so, complete Form 422) (0=no, 1=yes) .SF_ACCESS_EVENT

7. Was there an access intervention on the HFM Study Fistula? (If so, complete Form 423) (0=no, 1=yes)SF_ACCESS_INTERV

8. Was there a diagnostic study for the HFM Study Fistula? (If so, complete Form 424) (0=no, 1=yes) . SF_DIAG_STUDY

9. Was the HFM Study Fistula abandoned? (If so, complete Abandonment Form 426) (0=no, 1=yes).....SF_REPLACED

Patient Status

10. Current status of patientPT_STATUS

- 1 = Discharged to home
- 2 = Discharged to be admitted to rehab, a nursing home or other facility
- 3 = Died (Complete Form 521)

11. If 1 or 2, date of discharge (mm/dd/yyyy) DISCH_DT

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