

F521

Hemodialysis Fistula Maturation Study (HFM/MANVAS Studies) Clinical Center Death Notification Form (Form # 521)

Complete this form as soon as you become aware that an HFM Study patient has died.

If the death 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. Date of Death: mm/dd/yyyy VISIT_DT

4. Cause of death (for use by MANVAS only)

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

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

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