

NAME OF THE HOSPITAL: _____

14). Permanent Tunnelled Catheter Placement As Substitute For AV Fistula In Long Term Dialysis: M15W1.19

1. Name of the Procedure: Permanent Tunnelled Catheter Placement As Substitute For AV Fistula In Long Term Dialysis
2. Indications: Select indication which is applicable
Hemodialysis (Long-term)/ Failed arterio-venous fistula
3. Does the patient presented with Chronic kidney disease, failed or immature arterio-venous fistula: Yes/No
4. If the answer to question 3 is Yes then are the following tests being done- Hb, creatinine, Coagulation profile (PT INR, platelet count), Color Doppler /Peripheral Angiogram: Yes/No (Upload reports)
5. If the answer to question 4 is Yes, then is the patient having evidence of uncorrectable coagulopathy: Yes/No

For Eligibility for Permanent Tunnelled Catheter Placement As Substitute For AV Fistula In Long Term Dialysis the answer to question 5 must be No

I hereby declare that the above furnished information is true to the best of my knowledge.

Treating Doctor Signature with Stamp
