

NAME OF THE HOSPITAL: _____

17). Endovascular Intervention For Salvaging Hemodialysis AV Fistula: M15W1.21

1. Name of the Procedure: Endovascular Intervention For Salvaging Hemodialysis AV
Fistula

2. Indications: Select indication which is applicable

Stenosis > 50% of the lumen diameter in the dialysis graft or native fistula
Thrombosed AV fistula or graft

3. Does the patient presented with swelling in the limb, Chronic Kidney Disease, fistula
failure/absent thrill, failure of fistula to mature: Yes/No

4. If the answer to question 3 is Yes then are the following tests being done- Creatinine,
Coagulation Profile (PT INR, Platelet Count), Color Doppler: Yes/No (Upload reports)

5. If the answer to question 4 is Yes, then is the patient having evidence of Infected access
site: Yes/No

For Eligibility for Endovascular Intervention For Salvaging Hemodialysis AV Fistula 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
