Southern California
Renal Disease Council
INCORPORATED

ESRD NETWORK 18

Vascular Access Tracking Form

YEAR:_____

Dialysis Facility:_____ Provider #:_____

Name of Patient	Dialysis Start Date	*Access Type: A, G, or C	* Access Status: A, B, C, D	Comment

***Key:**

Access Type:
A= AVF
G= Graft
C= Catheter: (Permanent)

Access Status:
A= Working or Maturing AVF
B= Temporary interruption of AVF (Infection, Surgery, or repair)
C= Failed AVF (Permanent)
D= No AVF ever created or planned