

### 1 Perforator Measurement

Patent Perforator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perforator Vein Diameter	mm	

### 2 Upper Arm Cephalic Vein Measurements

Proximal		Mid		Distal	
Diameter:	Depth:	Diameter:	Depth:	Diameter:	Depth:

### 3 Upper Arm Basilic Vein Measurements

Proximal		Mid		Distal	
Diameter:	Depth:	Diameter:	Depth:	Diameter:	Depth:

### 4 Brachial Measurements

Brachial Artery Diameter	mm	
Brachial Artery Bifurcation	<input type="checkbox"/> Above Elbow	<input type="checkbox"/> Below Elbow
Lateral Brachial Vein Diameter	mm	
Medial Brachial Vein Diameter	mm	
Doppler Waveform	<input type="checkbox"/> Triphasic	<input type="checkbox"/> Biphasic
	<input type="checkbox"/> Monophasic	

### 5 Radial EndoAVF Creation Site

Radial Artery Diameter	mm	
Lateral Radial Vein Diameter	mm	
Medial Radial Vein Diameter	mm	
Calcification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doppler Waveform	<input type="checkbox"/> Triphasic	<input type="checkbox"/> Biphasic
	<input type="checkbox"/> Monophasic	

### 6 Ulnar EndoAVF Creation Site

Ulnar Artery Diameter	mm	
Lateral Ulnar Vein Diameter	mm	
Medial Ulnar Vein Diameter	mm	
Calcification	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Doppler Waveform	<input type="checkbox"/> Triphasic	<input type="checkbox"/> Biphasic
	<input type="checkbox"/> Monophasic	

### 7 Radial Measurements

Radial Artery Diameter	mm	
Lateral Radial Vein Diameter	mm	
Medial Radial Vein Diameter	mm	

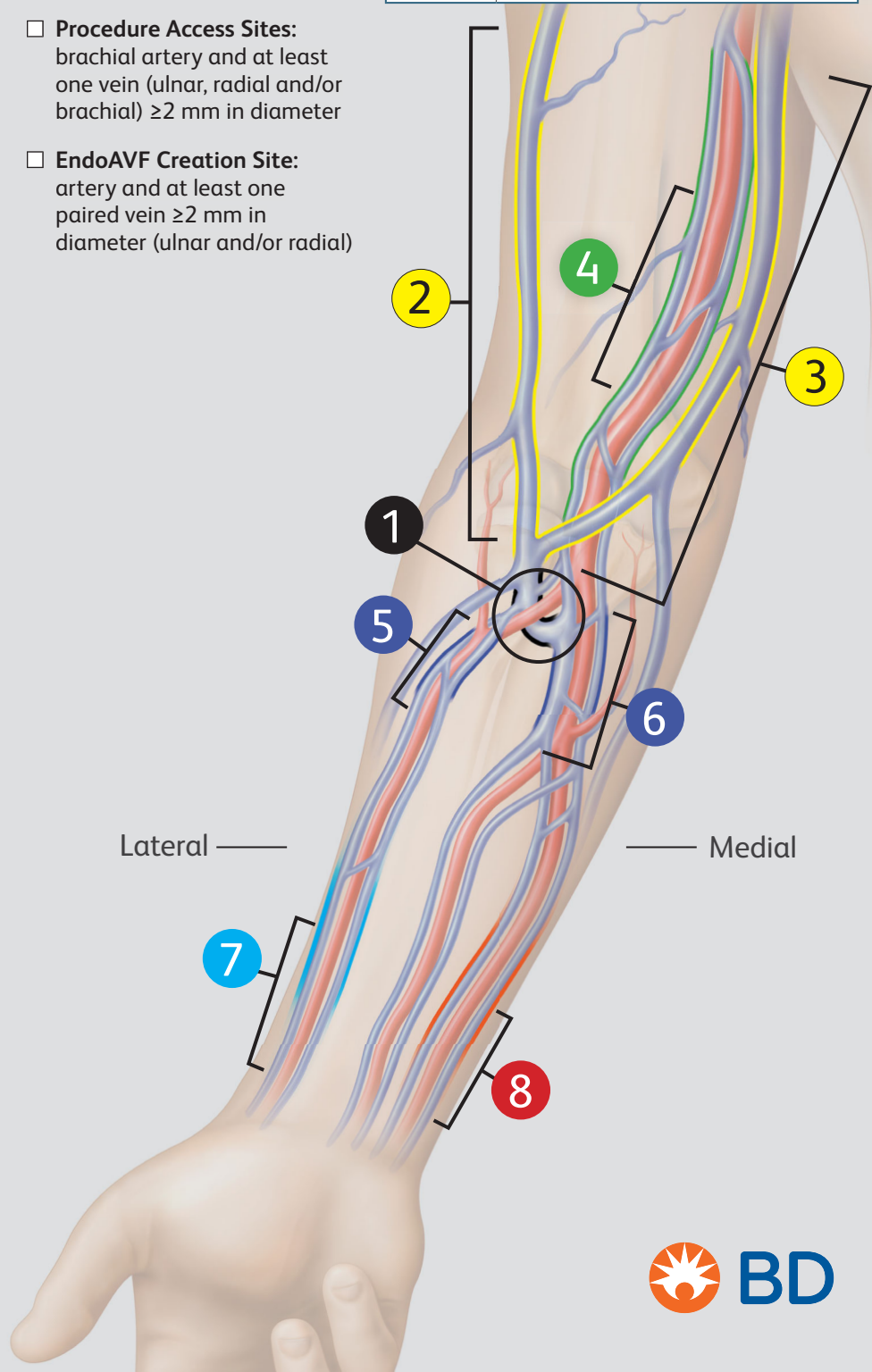
### 8 Ulnar Measurements

Ulnar Artery Diameter	mm	
Lateral Ulnar Vein Diameter	mm	
Medial Ulnar Vein Diameter	mm	

### EndoAVF Criteria Checklist

- Perforator:**  
patent  $\geq 2$  mm
- Outflow:**  
cephalic and/or basilic vein  $\geq 2.5$  mm in diameter
- Procedure Access Sites:**  
brachial artery and at least one vein (ulnar, radial and/or brachial)  $\geq 2$  mm in diameter
- EndoAVF Creation Site:**  
artery and at least one paired vein  $\geq 2$  mm in diameter (ulnar and/or radial)

Patient ID				
Ultrasound Date				
Physician				
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Pre-Dialysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Current Access	<input type="checkbox"/> None	<input type="checkbox"/> CVC	<input type="checkbox"/> AVF	<input type="checkbox"/> AVG
	<input type="checkbox"/> Other			



# Left Arm Assessment

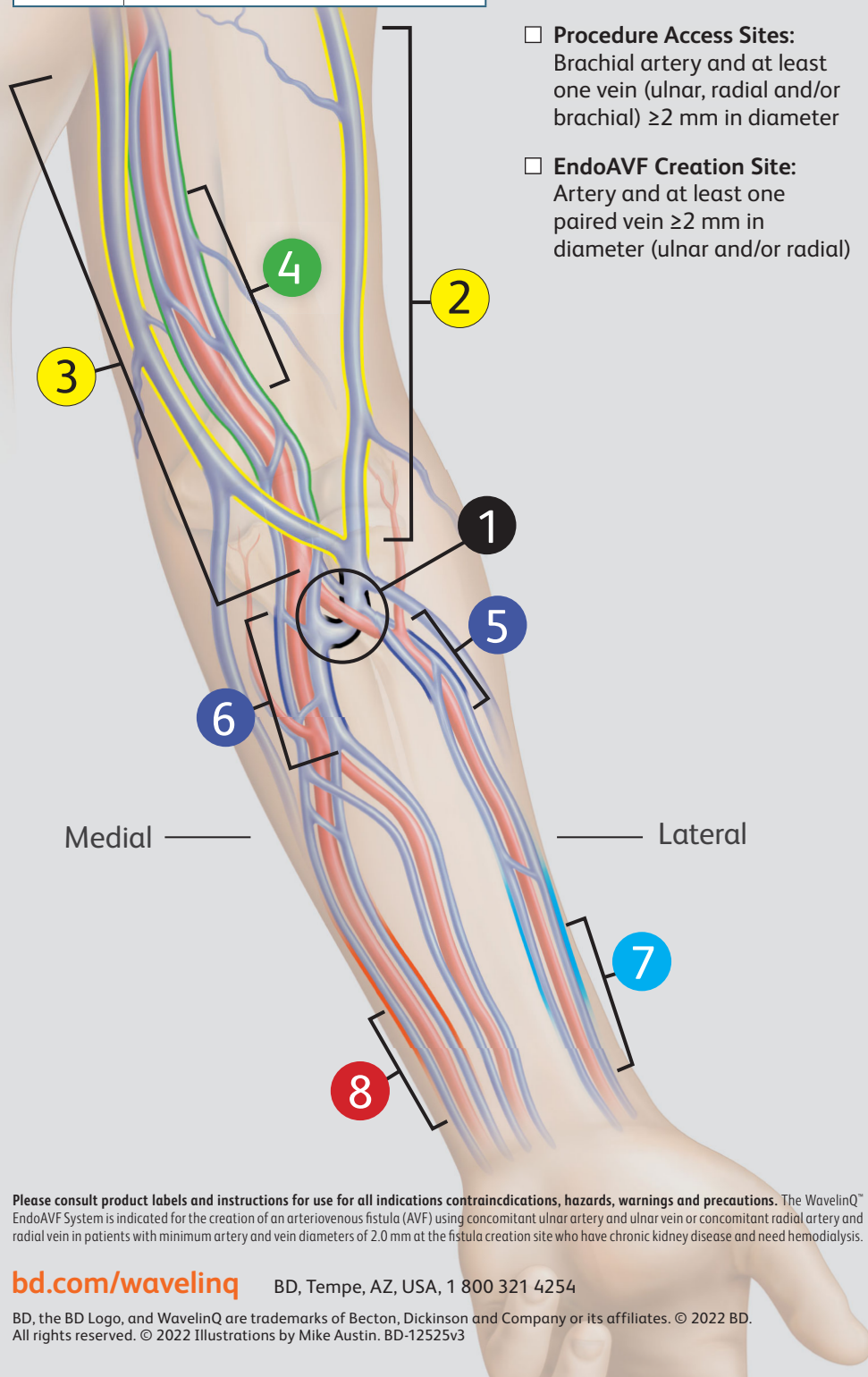
Proceed through the checklist in order. If the anatomy does not meet a specific endoAVF criteria, stop and return to your protocol for surgical AV fistula assessment.

# WavelinQ™ EndoAVF System

Patient ID					
Ultrasound Date					
Physician					
Gender	<input type="checkbox"/> Male				<input type="checkbox"/> Female
Pre-Dialysis	<input type="checkbox"/> Yes				<input type="checkbox"/> No
Current Access	<input type="checkbox"/> None	<input type="checkbox"/> CVC	<input type="checkbox"/> AVF	<input type="checkbox"/> AVG	
	<input type="checkbox"/> Other				

## EndoAVF Criteria Checklist

- Perforator:**  
Patent  $\geq 2$  mm
- Outflow:**  
Cephalic and/or basilic vein  $\geq 2.5$  mm in diameter
- Procedure Access Sites:**  
Brachial artery and at least one vein (ulnar, radial and/or brachial)  $\geq 2$  mm in diameter
- EndoAVF Creation Site:**  
Artery and at least one paired vein  $\geq 2$  mm in diameter (ulnar and/or radial)



1 Perforator Measurement	
Patent Perforator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Perforator Vein Diameter	mm

2 Upper Arm Cephalic Vein Measurements					
Proximal		Mid		Distal	
Diameter:	Depth:	Diameter:	Depth:	Diameter:	Depth:

3 Upper Arm Basilic Vein Measurements					
Proximal		Mid		Distal	
Diameter:	Depth:	Diameter:	Depth:	Diameter:	Depth:

4 Brachial Measurements	
Brachial Artery Diameter	mm
Brachial Artery Bifurcation	<input type="checkbox"/> Above Elbow <input type="checkbox"/> Below Elbow
Lateral Brachial Vein Diameter	mm
Medial Brachial Vein Diameter	mm
Doppler Waveform	<input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic

5 Radial EndoAVF Creation Site	
Radial Artery Diameter	mm
Lateral Radial Vein Diameter	mm
Medial Radial Vein Diameter	mm
Calcification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doppler Waveform	<input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic

6 Ulnar EndoAVF Creation Site	
Ulnar Artery Diameter	mm
Lateral Ulnar Vein Diameter	mm
Medial Ulnar Vein Diameter	mm
Calcification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doppler Waveform	<input type="checkbox"/> Triphasic <input type="checkbox"/> Biphasic <input type="checkbox"/> Monophasic

7 Radial Measurements	
Radial Artery Diameter	mm
Lateral Radial Vein Diameter	mm
Medial Radial Vein Diameter	mm

8 Ulnar Measurements	
Ulnar Artery Diameter	mm
Lateral Ulnar Vein Diameter	mm
Medial Ulnar Vein Diameter	mm

Please consult product labels and instructions for use for all indications contraindications, hazards, warnings and precautions. The WavelinQ™ EndoAVF System is indicated for the creation of an arteriovenous fistula (AVF) using concomitant ulnar artery and ulnar vein or concomitant radial artery and radial vein in patients with minimum artery and vein diameters of 2.0 mm at the fistula creation site who have chronic kidney disease and need hemodialysis.

[bd.com/wavelinq](http://bd.com/wavelinq) BD, Tempe, AZ, USA, 1 800 321 4254

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