

APPLICATION FOR CHRONIC DIALYSIS SERVICE

8. Number of licensed vocational nurses assigned to the service:

9. Name and qualifications of the dietitian available to the service:

10. Name of the social worker available to the service:

11. Does the hospital participate in a registry of prospective recipient patients? YES NO

12. Does the hospital participate in kidney procurement preservation and transportation program? YES NO

13. Is a review mechanism established to determine the appropriateness of patient treatment modality which includes self dialysis, home dialysis and renal transplantation? YES NO

14. Number of dialyses performed annually:

15. Number of chronic dialysis stations in the service:

16. Is the written hepatitis control program consistent with recommendations of the hepatitis surveillance program of the Centers for Disease Control? YES NO

17. Is an isolation area available? YES NO

18. What provision is made for disposal of infectious wastes?