

Num	Variable	Type	Len	Format	Informat	Label
115	mednam19	Char	60	\$60.		Medication 19: Name
116	mednam20	Char	60	\$60.		Medication 20: Name
117	mednam21	Char	60	\$60.		Medication 21: Name
118	mednam22	Char	60	\$60.		Medication 22: Name
119	mednam23	Char	60	\$60.		Medication 23: Name
120	medst1	Char	1	\$CMEDSTFT.		Medication 1: Status when leaving
121	medst2	Char	1	\$CMEDSTFT.		Medication 2: Status when leaving
122	medst3	Char	1	\$CMEDSTFT.		Medication 3: Status when leaving
123	medst4	Char	1	\$CMEDSTFT.		Medication 4: Status when leaving
124	medst5	Char	1	\$CMEDSTFT.		Medication 5: Status when leaving
125	medst6	Char	1	\$CMEDSTFT.		Medication 6: Status when leaving
126	medst7	Char	1	\$CMEDSTFT.		Medication 7: Status when leaving
127	medst8	Char	1	\$CMEDSTFT.		Medication 8: Status when leaving
128	medst9	Char	1	\$CMEDSTFT.		Medication 9: Status when leaving
129	medst10	Char	1	\$CMEDSTFT.		Medication 10: Status when leaving
130	medst11	Char	1	\$CMEDSTFT.		Medication 11: Status when leaving
131	medst12	Char	1	\$CMEDSTFT.		Medication 12: Status when leaving
132	medst13	Char	1	\$CMEDSTFT.		Medication 13: Status when leaving
133	medst14	Char	1	\$CMEDSTFT.		Medication 14: Status when leaving
134	medst15	Char	1	\$CMEDSTFT.		Medication 15: Status when leaving
135	medst16	Char	1	\$CMEDSTFT.		Medication 16: Status when leaving
136	medst17	Char	1	\$CMEDSTFT.		Medication 17: Status when leaving
137	medst18	Char	1	\$CMEDSTFT.		Medication 18: Status when leaving
138	medst19	Char	1	\$CMEDSTFT.		Medication 19: Status when leaving
139	medst20	Char	1	\$CMEDSTFT.		Medication 20: Status when leaving
140	medst21	Char	1	\$CMEDSTFT.		Medication 21: Status when leaving
141	medst22	Char	1	\$CMEDSTFT.		Medication 22: Status when leaving
142	medst23	Char	1	\$CMEDSTFT.		Medication 23: Status when leaving
143	mdvt1	Char	80	\$80.		Health condition 1 (description)
144	mdvt2	Char	80	\$80.		Health condition 2 (description)
145	mdvt3	Char	80	\$80.		Health condition 3 (description)
146	mdvt4	Char	80	\$80.		Health condition 4 (description)
147	mdvt5	Char	80	\$80.		Health condition 5 (description)
148	mdcllt1	Char	109	\$109.		Health condition 1 (MedDRA code)
149	mdcllt2	Char	109	\$109.		Health condition 2 (MedDRA code)
150	mdcllt3	Char	109	\$109.		Health condition 3 (MedDRA code)
151	mdcllt4	Char	109	\$109.		Health condition 4 (MedDRA code)
152	mdcllt5	Char	109	\$109.		Health condition 5 (MedDRA code)
153	visdt	Num	8	MMDDYY8.		Visit Date

Num	Variable	Type	Len	Format	Informat	Label
154	esrdDT	Num	8	MMDDYY8.		Date of ESRD onset
155	piDT	Num	8	MMDDYY8.		Date F210 signed by PI

Data Set Name: form253.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	ALPHCD	Char	2	\$2.	\$2.	Alpha code
5	PID	Char	6	\$6.	\$6.	Participant ID
6	LANG	Char	1	\$FMTLANG.	\$1.	What version was used?
7	QADMIN	Char	1	\$FMTQADMIN.	\$1.	How was the survey administered?
8	MCQUES	Char	1	\$YNFMT.	\$1.	Is the participant mentally challenged preventing the TSQM questionnaire from being completed?
9	QCOMP	Char	1	\$QCOMPFT.	\$1.	Who completed this questionnaire?
10	TSQM1	Char	1	\$TSQM DISS.	\$1.	How satisfied or dissatisfied are you with the ability of the medication to prevent or treat your condition
11	TSQM2	Char	1	\$TSQM DISS.	\$1.	How satisfied or dissatisfied are you with the way the medication relieves your symptoms
12	TSQM3	Char	1	\$TSQM DISS.	\$1.	How satisfied or dissatisfied are you with the amount of time the medication takes to start working
13	TSQM4	Char	1	\$YNFMT.	\$1.	As a result of taking medication, do you experience any side effects at all
14	TSQM5	Char	1	\$TSQM BOTH.	\$1.	How bothersome are the side effects of the medication you take to treat your condition
15	TSQM6	Char	1	\$TSQM DEAL.	\$1.	To what extent do the side effects interfere with your physical health and ability to function
16	TSQM7	Char	1	\$TSQM DEAL.	\$1.	To what extent do the side effects interfere with your mental function
17	TSQM8	Char	1	\$TSQM DEAL.	\$1.	To what degree have medication side effects affected your overall with the medication
18	TSQM9	Char	1	\$TSQM DIFF.	\$1.	How easy or difficult is it to use medication in its existing form
19	TSQM10	Char	1	\$TSQM DIFF.	\$1.	How easy or difficult is it to plan when you will use the medication each time
20	TSQM11	Char	1	\$TSQM INCO.	\$1.	How convenient or inconvenient is it to take the medication as instructed
21	TSQM12	Char	1	\$TSQM CONF.	\$1.	Overall, how confident are you that taking this medication is a good thing for you
22	TSQM13	Char	1	\$TSQM CERT.	\$1.	How certain are you that the good things about your medication outweigh the bad things
23	TSQM14	Char	1	\$TSQM DISS.	\$1.	Taking all things into account, how satisfied or dissatisfied are you with this medication
24	visdt	Num	8	MMDDYY8.		Date of Visit
25	aDMDT	Num	8	MMDDYY8.		Date Questionnaire Administered

Data Set Name: form254.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	PID	Char	6	\$6.	\$6.	Participant ID
5	ALPHCD	Char	2	\$2.	\$2.	Alpha code
6	DTHNY	Char	1	\$YNFMT.	\$1.	Has the participant died since their last visit?
7	ESRD	Char	1	\$YNFMT.	\$1.	Does the participant have kidney failure?
8	ESRDRX	Char	1	\$ESRDX1FT.	\$1.	If participant have ESRD, ESRD treatment modality
9	PREG1	Char	3	\$YNFMT.	\$3.	Has the participant been pregnant since the last visit?
10	PREG2	Char	3	\$YNFMT.	\$3.	Is the participant currently pregnant
11	EVENT1	Char	1	\$YNFMT.	\$1.	Since the last visit has an SAE or hospitalization related to the study medication occurred?
12	EVENTDX1	Char	100	\$100.	\$100.	If SAE or hospitalization: Diagnosis?
13	EVENT2	Char	1	\$YNFMT.	\$1.	Since the last visit: Cardiovascular event?
14	EVENTDX2	Char	100	\$100.	\$100.	If Cardiovascular event: Diagnosis?
15	EVENT3	Char	1	\$YNFMT.	\$1.	Since the last visit: Thromboembolic event?
16	EVENTDX3	Char	100	\$100.	\$100.	If Thromboembolic event: Diagnosis?
17	EVENT4	Char	1	\$YNFMT.	\$1.	Since the last visit: Malignancy?
18	EVENTDX4	Char	100	\$100.	\$100.	If Malignancy: Diagnosis?
19	EVENT5	Char	1	\$YNFMT.	\$1.	Since the last visit: Infection with hospitalization?
20	EVENTDX5	Char	100	\$100.	\$100.	If Infection with hospitalization: Diagnosis?
21	OTHTRL	Char	3	\$YNFMT.	\$3.	Is the participant currently involved in another clinical trial?
22	visdt	Num	8	MMDDYY8.		Visit Date
23	DTHDT	Num	8	MMDDYY8.		Date of death
24	ESRDDT	Num	8	MMDDYY8.		Date of ESRD onset
25	EVENTDT1	Num	8	MMDDYY8.		If SAE or hospitalization: Date of event?
26	EVENTDT2	Num	8	MMDDYY8.		If Cardiovascular event: Date of event?
27	EVENTDT3	Num	8	MMDDYY8.		If Thromboembolic event: Date of event?
28	EVENTDT4	Num	8	MMDDYY8.		If Malignancy: Date of event?
29	EVENTDT5	Num	8	MMDDYY8.		If Infection with hospitalization: Date of event?

Data Set Name: form260.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$5.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	AESRCE	Char	1	\$AESRCEFT.	\$1.	Source of adverse event
5	ALPHCD	Char	2	\$2.	\$2.	Alpha code
6	PID	Char	6	\$6.	\$6.	Participant ID
7	AEOUT	Char	1	\$AEOUTFMT.	\$1.	Outcome of the event
8	AEACT1	Char	1	\$AEACTFMT.	\$1.	If event related to Adalimumab, action taken
9	AEACT2	Char	1	\$AEACTFMT.	\$1.	If event related to Rosaglitazone, action taken
10	AEACT3	Char	1	\$AEACTFMT.	\$1.	If event related to Atorvastatin, action taken
11	AEACT5	Char	1	\$AEACTFMT.	\$1.	If event related to Galactose, action taken
12	SAEREL6	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Lisinopril
13	SAESEV	Char	1	\$SAESEVFT.	\$1.	Severity of event
14	SAEREL7	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Losartan
15	SAEREL1	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Adalimumab
16	SAEREL2	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Rosaglitazone
17	SAEREL3	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Atorvastatin
18	SAEREL5	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Galactose
19	AEEXP1	Char	1	\$AEEXPFMT.	\$1.	If event related to Adalimumab, expectedness
20	AEEXP2	Char	1	\$AEEXPFMT.	\$1.	If event related to Rosaglitazone, expectedness
21	AEEXP3	Char	1	\$AEEXPFMT.	\$1.	If event related to Atorvastatin, expectedness
22	AEEXP5	Char	1	\$AEEXPFMT.	\$1.	If event related to Galactose, expectedness
23	PEVENT	Char	1	\$PEVENTFT.	\$1.	Prior history of similar event
24	ACTOTH1	Char	80	\$25.	\$80.	If action taken = other - comments
25	ACTOTH2	Char	80	\$25.	\$80.	If action taken = other - comments
26	ACTOTH3	Char	80	\$80.	\$80.	If action taken = other - comments
27	ACTOTH4	Char	80	\$80.	\$80.	If action taken = other - comments
28	ACTOTH5	Char	80	\$80.	\$80.	If action taken = other - comments
29	AEEXP6	Char	1	\$AEEXPFMT.	\$1.	If event related to Lisinopril, expectedness
30	AEEXP7	Char	1	\$AEEXPFMT.	\$1.	If event related to Losartan, expectedness
31	AEACT6	Char	1	\$AEACTFMT.	\$1.	If event related to Lisinopril, action taken
32	AEACT7	Char	1	\$AEACTFMT.	\$1.	If event related to Losartan, action taken

Num	Variable	Type	Len	Format	Informat	Label
33	mdvt1	Char	80	\$80.		Symptom 1: description
34	mdvt2	Char	80	\$80.		Symptom 2: description
35	mdc1t1	Char	109	\$109.		Symptom 1: MedDRA code
36	mdc1t2	Char	109	\$109.		Symptom 2: MedDRA code
37	AECCDT	Num	8	MMDDYY8.		Date outcome entered
38	AEDT	Num	8	MMDDYY8.		Date of onset
39	AEOCDT	Num	8	MMDDYY8.		Date of outcome
40	REPDT	Num	8	MMDDYY8.		Date of initial report

Data Set Name: form261.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$5.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	SERCRT1	Char	1	\$YNFMT.	\$1.	SAE Criteria: Fatal
5	SERCRT2	Char	1	\$YNFMT.	\$1.	SAE Criteria: Immediately life-threatening
6	SERCRT3	Char	1	\$YNFMT.	\$1.	SAE Criteria: Required hospitalization
7	SERCRT4	Char	1	\$YNFMT.	\$1.	SAE Criteria: Prolonged existing hospitalization
8	SERCRT5	Char	1	\$YNFMT.	\$1.	SAE Criteria: Persistent or significant disability/incapacity
9	SERCRT6	Char	1	\$YNFMT.	\$1.	SAE Criteria: Congenital anomaly/birth defect
10	SERCRT7	Char	1	\$YNFMT.	\$1.	SAE Criteria: Causes cancer
11	SERCRT8	Char	1	\$YNFMT.	\$1.	SAE Criteria: Overdose of study medication
12	ALPHCD	Char	2	\$2.	\$2.	Alpha code
13	PID	Char	6	\$6.	\$6.	Participant ID
14	SAECOM1	Char	200	\$200.	\$200.	SAECOM1
15	SAECOM2	Char	200	\$200.	\$200.	SAECOM2
16	SAECOM3	Char	200	\$200.	\$200.	SAECOM3
17	AEOUT	Char	1	\$AEOUTFMT.	\$1.	Outcome of the event
18	AEACT1	Char	1	\$AEACTFMT.	\$1.	If event related to Adalimumab, action taken
19	AEACT2	Char	1	\$AEACTFMT.	\$1.	If event related to Rosaglitazone, action taken
20	AEACT3	Char	1	\$AEACTFMT.	\$1.	If event related to Atorvastatin, action taken
21	AEACT5	Char	1	\$AEACTFMT.	\$1.	If event related to Galactose, action taken
22	SAEREL6	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Lisinopril
23	SAESEV	Char	1	\$SAESEVFT.	\$1.	Severity of event
24	SAEREL7	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Losartan
25	SAEREL1	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Adalimumab
26	SAEREL2	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Rosaglitazone
27	SAEREL3	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Atorvastatin
28	SAEREL5	Char	1	\$SAERELFMT.	\$1.	Principal Investigator believes the event may have been caused by Galactose
29	AEEXP1	Char	1	\$AEEXPFMT.	\$1.	If event related to Adalimumab, expectedness
30	AEEXP2	Char	1	\$AEEXPFMT.	\$1.	If event related to Rosaglitazone, expectedness
31	AEEXP3	Char	1	\$AEEXPFMT.	\$1.	If event related to Atorvastatin, expectedness
32	AEEXP5	Char	1	\$AEEXPFMT.	\$1.	If event related to Galactose, expectedness

Num	Variable	Type	Len	Format	Informat	Label
33	PEVENT	Char	1	\$PEVENTFT.	\$1.	Prior history of similar event
34	ACTOTH1	Char	80	\$25.	\$80.	If action taken = other - comments
35	ACTOTH2	Char	80	\$25.	\$80.	If action taken = other - comments
36	ACTOTH3	Char	80	\$80.	\$80.	If action taken = other - comments
37	ACTOTH4	Char	80	\$80.	\$80.	If action taken = other - comments
38	ACTOTH5	Char	80	\$80.	\$80.	If action taken = other - comments
39	AEEXP6	Char	1	\$AEEXPfmt.	\$1.	If event related to Lisinopril, expectedness
40	AEEXP7	Char	1	\$AEEXPfmt.	\$1.	If event related to Losartan, expectedness
41	AEACT6	Char	1	\$AEACTfmt.	\$1.	If event related to Lisinopril, action taken
42	AEACT7	Char	1	\$AEACTfmt.	\$1.	If event related to Losartan, action taken
43	mdvt1	Char	80	\$80.		Symptom 1: description
44	mdvt2	Char	80	\$80.		Symptom 2: description
45	mdvt3	Char	80	\$80.		Symptom 3: description
46	mdvt4	Char	80	\$80.		Symptom 4: description
47	mdclt1	Char	109	\$109.		Symptom 1: MedDRA code
48	mdclt2	Char	109	\$109.		Symptom 2: MedDRA code
49	mdclt3	Char	109	\$109.		Symptom 3: MedDRA code
50	mdclt4	Char	109	\$109.		Symptom 4: MedDRA code
51	AECCDT	Num	8	MMDDYY8.		Date outcome entered
52	AEDT	Num	8	MMDDYY8.		Date of onset
53	AEOCDT	Num	8	MMDDYY8.		Date of outcome
54	REPDT	Num	8	MMDDYY8.		Date of initial report

Data Set Name: form262.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	HOSPNY1	Char	1	\$YNFMT.	\$1.	Hospitalization related to a randomized drug?
5	HOSPNY2	Char	1	\$YNFMT.	\$1.	Hospitalization related to other study requirements?
6	HOSPNY3	Char	1	\$YNFMT.	\$1.	Hospitalization related to the underlying disease?
7	DISEXP	Char	1	\$DISEXPFT.	\$1.	Was the participant discharged or did the participant expire while in hospital
8	ALPHCD	Char	2	\$2.	\$2.	Alpha code
9	PID	Char	6	\$6.	\$6.	Participant ID
10	MDVT1	Char	80	\$80.	\$80.	Diagnosis 1: description
11	MDVT2	Char	80	\$80.	\$80.	Diagnosis 2: description
12	MDVT3	Char	80	\$80.	\$80.	Diagnosis 3: description
13	MDVT4	Char	80	\$80.	\$80.	Procedure 1: description
14	MDVT5	Char	80	\$80.	\$80.	Procedure 2: description
15	MDVT6	Char	80	\$80.	\$80.	Procedure 3: description
16	MDVT7	Char	80	\$80.	\$80.	Primary cause of hospitalization: description
17	MDVT8	Char	80	\$80.	\$80.	Secondary cause of hospitalization: description
18	MDCLLT1	Char	109	\$109.	\$109.	Diagnosis 1: MedDRA code
19	MDCLLT2	Char	109	\$109.	\$109.	Diagnosis 2: MedDRA code
20	MDCLLT3	Char	109	\$109.	\$109.	Diagnosis 3: MedDRA code
21	MDCLLT4	Char	109	\$109.	\$109.	Procedure 1: MedDRA code
22	MDCLLT5	Char	109	\$109.	\$109.	Procedure 2: MedDRA code
23	MDCLLT6	Char	109	\$109.	\$109.	Procedure 3: MedDRA code
24	MDCLLT7	Char	109	\$109.	\$109.	Primary cause of hospitalization: MedDRA code
25	MDCLLT8	Char	109	\$109.	\$109.	Secondary cause of hospitalization: MedDRA code
26	hospdt	Num	8	MMDDYY8.		Date of hospitalization
27	dschdt	Num	8	MMDDYY8.		Date of discharge or death

Data Set Name: form263.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	DTHNY1	Char	1	\$YNFMT.	\$1.	Does the PI believe the death is related to: Randomized medication?
5	DTHNY2	Char	1	\$YNFMT.	\$1.	Does the PI believe the death is related to: Other study requirements?
6	DTHNY3	Char	1	\$YNFMT.	\$1.	Does the PI believe the death is related to: Underlying disease?
7	DTHNY4	Char	1	\$YNFMT.	\$1.	Does the PI believe the death is related to: Other?
8	ATPYNY	Char	1	\$YNFMT.	\$1.	Was an autopsy performed?
9	DTHLOC	Char	1	\$DTHLOCFT.	\$1.	Location of death
10	DTHCOM	Char	200	\$200.	\$200.	Provide additional comments
11	DTHMED1	Char	1	\$YNFMT.	\$1.	Is the death was related to Adalimumab
12	DTHMED2	Char	1	\$YNFMT.	\$1.	Is the death was related to Rosiglitazone
13	DTHMED3	Char	1	\$YNFMT.	\$1.	Is the death was related to Atorvastatin
14	DTHMED4	Char	1	\$YNFMT.	\$1.	Is the death was related to Lisinopril/Losartan
15	ALPHCD	Char	2	\$2.	\$2.	Alpha code
16	PID	Char	6	\$6.	\$6.	Participant ID
17	MDVT1	Char	80	\$80.	\$80.	Primary cause of death: description
18	MDVT2	Char	80	\$80.	\$80.	Secondary cause of death: description
19	MDCLLT1	Char	109	\$109.	\$109.	Primary cause of death: MedDRA code
20	MDCLLT2	Char	109	\$109.	\$109.	Secondary cause of death: MedDRA code
21	dthdt	Num	8	MMDDYY8.		Date of death

Data Set Name: form264.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	CPEVENT
2	SUBEVENT_NUMBER	Num	8	3.	3.	SUBEVENT_NUMBER
3	VISIT_NUMBER	Num	8	6.	6.	VISIT_NUMBER
4	PID	Char	6	\$6.	\$6.	PID
5	ALPHCD	Char	2	\$2.	\$2.	ALPHCD
6	VISDT	Char	8	\$8.	\$8.	VISDT
7	DSRSNY1	Char	1	\$1.	\$1.	DSRSNY1
8	DSRSNY2	Char	1	\$1.	\$1.	DSRSNY2
9	DSRSNY3	Char	1	\$1.	\$1.	DSRSNY3
10	DSRSNY4	Char	1	\$1.	\$1.	DSRSNY4
11	DSCRSN1	Char	2	\$2.	\$2.	DSCRSN1
12	DSRSNY5	Char	1	\$1.	\$1.	DSRSNY5
13	DSRSNY6	Char	1	\$1.	\$1.	DSRSNY6
14	DSRSNY7	Char	1	\$1.	\$1.	DSRSNY7
15	DSRSNY8	Char	1	\$1.	\$1.	DSRSNY8
16	DSRSNY9	Char	1	\$1.	\$1.	DSRSNY9
17	DSCRSN2	Char	2	\$2.	\$2.	DSCRSN2
18	COMM	Char	200	\$200.	\$200.	COMM
19	RTNFUDT	Char	8	\$8.	\$8.	RTNFUDT
20	PISIGN	Char	1	\$1.	\$1.	PISIGN
21	PIUN	Char	8	\$8.	\$8.	PIUN
22	PIDT	Char	8	\$8.	\$8.	PIDT

Data Set Name: form271.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subvisit Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	PID	Char	6	\$6.	\$6.	Participant ID
5	ALPHCD	Char	2	\$2.	\$2.	Alpha code
6	DSRSNY1	Char	1	\$YNFMT.	\$1.	Participant lost to follow-up?
7	DSRSNY2	Char	1	\$YNFMT.	\$1.	Personal physician choice?
8	DSRSNY3	Char	1	\$YNFMT.	\$1.	If physician choice, was it FONT study investigator choice?
9	DSRSNY4	Char	1	\$YNFMT.	\$1.	Participant/Parent choice?
10	DSCRSN1	Char	2	\$REASONFMT.	\$2.	Specify reason for exit before study drug exposure
11	DSRSNY5	Char	1	\$YNFMT.	\$1.	Completion of study?
12	DSRSNY6	Char	1	\$YNFMT.	\$1.	Participant lost to follow-up?
13	DSRSNY7	Char	1	\$YNFMT.	\$1.	Personal physician choice?
14	DSRSNY8	Char	1	\$YNFMT.	\$1.	If physician choice, was it FONT study investigator choice?
15	DSRSNY9	Char	1	\$YNFMT.	\$1.	Participant/Parent choice?
16	DSCRSN2	Char	2	\$REASONFMT.	\$2.	Specify reason for exit after study drug exposure
17	COMM	Char	200	\$200.	\$200.	Comments
18	PISIGN	Char	1	\$1.	\$1.	F210 signed by PI
19	visdt	Num	8	MMDDYY8.		Visit Date
20	pidt	Num	8	MMDDYY8.		Date F210 signed by PI

Data Set Name: form296.sas7bdat

Num	Variable	Type	Len	Format	Informat	Label
1	CPEVENT	Char	20	\$20.	\$20.	Visit Type
2	SUBEVENT_NUMBER	Num	8	3.	3.	Subevent Number
3	VISIT_NUMBER	Num	8	6.	6.	Visit Number
4	NIHNO	Char	5	\$5.	\$5.	NIH Repository Site Identifier
5	PID	Char	6	\$6.	\$6.	Participant ID
6	ALPHCD	Char	2	\$2.	\$2.	Alpha code
7	SEX	Char	1	\$1.	\$1.	Gender
8	AGE	Num	8			Age
9	TUBENM	Num	8			Number of tubes shipped to Rutgers
10	LABLNM	Num	8			Number of labels affixed
11	drawdt	Num	8	MMDDYY8.		Collection date
12	shipdt	Num	8	MMDDYY8.		Date shipped to Repository
13	sex_form296	Char	1			