

FORM232

FSGS Novel Therapies (FONT-II) Re-Enrollment Form (Form # 232)

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1. Participant ID Number
PID

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2. Alpha Code
ALPHCD

B	0	1
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3. Visit Number
CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

4. a. Reason why participant was initially determined ineligible..... __RSNINE
 1 = estimated GFR
 2 = AST/ALT (2.5 times normal)
 3 = Hematocrit
 4 = Serum Potassium
 5 = Up/c
 6 = other, please specify in Q4b
- b. If other, please specify: _____SPCFY

5. Date of lab measurement that determined
ineligibility..... (dd/mmm/yyyy) ____ / ____ / ____ COLDT

200. Date this form completed.....(dd/mmm/yyyy) ____ / ____ / ____

201. Username of person completing this form..... _____