

## FSGS Novel Therapies (FONT-II) Medication Form (Form # 244)

TOP PART OF THE FORM IS INCLUDED IN DATASETS:  
FORM244\_CONCMEDS, FORM244\_STUDYMEDS, FORM244\_DISP

<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr> </table>								<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table>								<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr> </table>										
1. Participant ID Number PID		2. Alpha Code ALPHCD		3. Visit Number CPEVENT / VISIT_NUMBER / SUBEVENT_NUMBER		4. Date of Visit (dd/mmm/yyyy) VISDT																								

5. a. Is the participant taking any medications at baseline?.....\_\_MEDNY  
(0 = no, 1 = yes, or 2 = participant is past baseline)
- b. Primary reason for this visit.....\_\_VISRSN  
(1 = protocol visit, 2 = medication prescription change, 3 = dispensing meds)  
If 1, protocol visit then complete Non-Study Medications section (Q6 – 9).  
If 2, medication prescription change, or 3, dispensing meds then skip to Study Medications Prescribed section (Q10-14).

**FORM244\_CONCMEDS**

**Participant’s Non-Study Medications** [This section is completed at Baseline (B01) and at every protocol visit thereafter. At B01 or any visit thereafter, record a medication as “start” the first time that you key that medication into the database.]: Note: Multiple (more than 4 non-study medications) entries are allowed.

Medication Name  MEDNAMxx	Medication Code (electronically found on code list during data entry) MEDCDxx	Frequency on arrival: <b>0 = Not taken</b> <b>1 = Taken routinely</b> <b>2 = Taken as needed</b> MEDFRQxx	Status when leaving: <b>2 = Start</b> <b>3 = Continue</b> <b>5 = Stop</b> MEDSTxx
6.			
7.			
8.			
9.			

FORM244\_STUDYMEDS

**Participant’s Study Medications Prescribed** (This section is initially completed at W00 and at every Protocol visit thereafter and when a study medication prescription changes &/or when dispensing a study medication.):

Medication Name MEDNAMxx	Total Daily Dose MEDOSExx	Dosing Interval 1 = QD 2 = BID 3 = QOWK MEDINTxx	1=oral 2= SQ MEDFRMxx	Status 0 = None 1 = Start 2 = Continue 3 = Stop MEDSTxx
10. Lisinopril	mg			
11. Losartan	mg			
12. Adalimumab	mg			
13. Galactose	Gm			
14. Atorvastatin	mg			

FORM244\_DISP

**Study Medication Prescription and Dispensing, Pill Formulation** (This section is initially completed at W00 and when a study medication prescription changes &/or when dispensing a study medication.):

Pills Prescribed			Pills Dispensed	
Type of Medication MEDNAMxx	Total Number Per Day NMPILLxx	Dosing Interval 1 = QD , 2 = BID MEDINTxx	Description of Bottles Dispensed at this Visit DSBTPKxx	Number of Bottles Dispensed at this Visit NMBTPKxx
15. Galactose	Gm		500 gram bottles	
16. Atorvastatin 10 mg	pills		90 tablet bottles	

**Study Medication Prescription and Dispensing, Injectable Formulation** (This section is initially completed at W00 and when a study medication prescription changes &/or when dispensing a study medication.):

Injectable Prescribed		Injectable Dispensed	
Type of Medication MEDNAMxx	Total Every other week Dose (mL)	Description of Bottles Dispensed at this Visit DSBTPKxx	Number of Bottles Dispensed at this Visit NMBTPKxx
17. Adalimumab 40mg/0.8mL		0.8 mL vials	

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

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

**FAX COMPLETED FORM TO FONT STUDY DESK**  
**UMich (734) 232-2353 NYU (212) 263-4053**