

FORM245

FSGS Novel Therapies (FONT-II)

Study Medication Termination Form (Form # 245)

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1. Participant ID Number
PID

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2. Alpha Code
ALPHCD

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| W | | | |
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3. Visit Number
CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

Name of study medication terminated: (0 = no, 1 = yes)

- 4. Lisinopril..... __ MEDNY1
 - a. Date terminated.....(dd/mmm/yyyy) ___ ___ / ___ ___ / ___ ___ MEDTDT1
 - b. Description..... _____ MDVT1
 - c. MedDRA code _____ MDCLLT1
- 5. Losartan __ MEDNY2
 - a. Date terminated.....(dd/mmm/yyyy) ___ ___ / ___ ___ / ___ ___ MEDTDT2
 - b. Description..... _____ MDVT2
 - c. MedDRA code _____ MDCLLT2
- 6. Galactose..... __ MEDNY3
 - a. Date terminated.....(dd/mmm/yyyy) ___ ___ / ___ ___ / ___ ___ MEDTDT3
 - b. Description..... _____ MDVT3
 - c. MedDRA code _____ MDCLLT3
- 7. Adalimumab __ MEDNY4
 - a. Date terminated.....(dd/mmm/yyyy) ___ ___ / ___ ___ / ___ ___ MEDTDT4
 - b. Description..... _____ MDVT4
 - c. MedDRA code _____ MDCLLT4
- 8. Atorvastatin..... __ MEDNY5
 - a. Date terminated.....(dd/mmm/yyyy) ___ ___ / ___ ___ / ___ ___ MEDTDT5
 - b. Description..... _____ MDVT5
 - c. MedDRA code _____ MDCLLT5

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