

FORM254
FSGS Novel Therapies (FONT II)
Semi-Annual Follow-up Starting with Month 24 (Form # 254)

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

FORM254
FSGS Novel Therapies (FONT II)
Semi-Annual Follow-up Starting with Month 24 (Form # 254)

Since the participant's last visit, did any of the following occur, continued...

9. a. Thromboembolic event?(0 = no, 1 = yes) ___EVENT3
 b. Date of event? (dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ___EVENTDT3
 c. Diagnosis?EVENTDX3
10. a. Malignancy?(0 = no, 1 = yes) ___EVENT4
 b. Date of event? (dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ___EVENTDT4
 c. Diagnosis?EVENTDX4
11. a. Infection with hospitalization?(0 = no, 1 = yes) ___EVENT5
 b. Date of event? (dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ___EVENTDT5
 c. Diagnosis?EVENTDX5
12. Is the participant currently involved in another clinical trial?..... (0=no, 1=yes, 9=unknown)___OTHTRL

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

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