

## FORM262

### FSGS Novel Therapies (FONT-II) Hospitalization Form (Form # 262)

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1. Participant ID Number  
PID

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2. Alpha Code  
ALPHCD

3. Date of hospitalization..... (dd/mmm/yyyy) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ HOSPDT

4. a. Was the participant discharged or did the participant expire while in the hospital 1 = discharged, 2 = expired, 9 = hospitalization ongoing..... DISEXP

b. Date of discharge or death (dd/mmm/yyyy) \_\_\_ \_\_\_/\_\_\_ \_\_\_/\_\_\_ \_\_\_ DSCHDT

5. Top three diagnosis codes:

Diagnosis:	MedDRA Code:
a. MDVT1	MDCLLT1
b. MDVT2	MDCLLT2
c. MDVT3	MDCLLT3

6. Top three procedure codes:

Procedure:	MedDRA Code:
a. MDVT4	MDCLLT4
b. MDVT5	MDCLLT5
c. MDVT6	MDCLLT6

**Primary and secondary cause of hospitalization as determined by PI**

	Cause of Hospitalization:	MedDRA Code:
7. Primary cause	MDVT7	MDCLLT7
8. Secondary cause	MDVT8	MDCLLT8

9. a. Is the hospitalization related to a randomized drug? .....(0 = no, 1 = yes, 8 = NA, 9 = unknown)  
\_\_\_HOSPNY1

b. Is the hospitalization related to other study requirements? ..... (0 = no, 1 = yes, 9 = unknown)  
\_\_\_HOSPNY2

c. Is the hospitalization related to the underlying disease? ..... (0 = no, 1 = yes, 9 = unknown)  
\_\_\_HOSPNY3

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

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