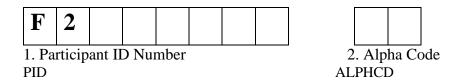
# FORM262 FSGS Novel Therapies (FONT-II) Hospitalization Form (Form # 262)



3.	Date of hospitalization	HOSPDT
1	Was the participant discharged or did the participant expire while in the bospite	l 1 _

4. a.	was the participant discharged of the the	participant expire while in the hospital	1 -
discharged,	2 = expired, 9 = hospitalization ongoing		DISEXP
b.	Date of discharge or death (dd/mmm/yyyy)	//I	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?  $\dots (0 = no, 1 = yes, 9 = unknown)$

### \_\_HOSPNY2

c. Is the hospitalization related to the underlying disease?  $(0 = n_0, 1 = y_{es}, 9 = u_{nknown})$ 

## \_HOSPNY3

200.	Date this form completed(dd/mmm/yyyy) /
	Username of person completing this form

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