

## FORM263

### FSGS Novel Therapies (FONT-II)

### Death Notification Form (Form # 263)

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1. Participant ID number  
PID

2. Alpha code  
ALPHCD

3. Date of death..... (dd/mmm/yyyy) \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ DTHDT

	Cause of Death:	MedDRA Code:
4. a. Primary cause of death	MDVT1	MDCLLT1
b. Secondary cause of death	MDVT2	MDCLLT2

5. Was an autopsy performed?..... (0 = no, 1 = yes-send autopsy report, 9 = unknown) \_\_\_ATPYNY

6. Location of death ..... (0 = hospital, 1 = not in a hospital, 9 = unknown) \_\_\_DTHLOC

7. Does the PI believe the death is related to:

a. Randomized medication?.....DTHNY1  
(0 = no, 1 = yes, provide comments in Q8, 8 = not applicable, 9 = unknown)

b. Other study requirements?..(0 = no, 1 = yes, provide comments in Q8, 9 = unknown) \_\_\_DTHNY2

c. Underlying disease?.....(0 = no, 1 = yes, provide comments in Q8, 9 = unknown) \_\_\_DTHNY3

d. Other? .....(0 = no, 1 = yes, provide comments in Q8, 9 = unknown) \_\_\_DTHNY4

8. Provide additional comments: \_\_\_\_\_DTHCOM

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9. If the death was related to a randomized medication (Q7a = 1), which medication:

a. Adalimumab .....(0 = no, 1 = yes, 8 = NA, 9 = unknown) \_\_\_DTHMED1

b. Rosiglitazone .....(0 = no, 1 = yes, 8 = NA, 9 = unknown) \_\_\_DTHMED2

c. Atorvastatin.....(0 = no, 1 = yes, 8 = NA, 9 = unknown) \_\_\_DTHMED3

d. Lisinopril/Losartan .....(0 = no, 1 = yes, 8 = NA, 9 = unknown) \_\_\_DTHMED4

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

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