

# FORM279

## FSGS Novel Therapies (FONT-II)

### Results of Local Laboratory and Blood Pressure Measurements Form (Form # 279)

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1. Participant ID Number

PID

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2. Alpha Code

ALPHCD

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3. Visit Number

CPEVENT /

VISIT\_NUMBER /

SUBEVENT\_NUMBER

Local Laboratory Results (can be obtained locally only after randomization during follow-up)

- 4. a. Serum potassium ..... (mEq/L)\_\_\_ \_\_ . \_\_\_K  
b. Date blood drawn..... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT1
- 5. a. Serum creatinine .....(mg/dL)\_\_\_ \_\_ . \_\_\_CREAT  
b. Date blood drawn..... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT2
- 6. a. Hematocrit .....(%)\_\_\_ \_\_ . \_\_\_HCT  
b. Date blood drawn..... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT3
- 7. a. Glucose ..... \_\_\_ \_\_ \_\_ . \_\_\_GLUC  
b. Type of test ..... (1=random, 2=fasting, 9=unknown)\_\_\_ TSTTYP  
c. Date blood drawn..... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT4
- 8. a. C3..... (mg/Dl)\_\_\_ \_\_ \_\_  
b. Date blood drawn..... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT5
- 9. a. Urine protein/creatinine ratio ..... (g:g)\_\_\_ \_\_ . \_\_\_PCRATIO  
b. Was this a first morning void?..... (0=no, 1=yes)\_\_\_ VOIDYN  
c. Date of urine collection.... (dd/mmm/yyyy)\_\_\_ \_\_/\_\_\_ \_\_ \_\_/\_\_\_ \_\_ \_\_ \_\_ COLDT6
- 10. a. Pregnancy.....(0=negative, 1=positive)\_\_\_ PREG

**FAX COMPLETED FORM TO FONT STUDY DESK**  
**UMich (734) 232-2353      LIJ (718) 470-0887**

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b. Date of pregnancy test ..... (dd/mmm/yyyy)\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_ COLDT7

Blood pressure measurement can be obtained locally at any time during study participation.

11. a. Sitting blood pressure .....(systolic/diastolic) \_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_BPSYS / BPDIA

b. Date blood pressure measured .....(dd/mmm/yyyy)\_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_/\_\_\_ \_\_\_ \_\_\_ \_\_\_ COLDT8

c. Method..... (1=auscultator; 2=oscillometric device)\_\_\_BPMETH

d. Who measured the blood pressure ..... \_\_\_BPBY  
1 = study personnel, 2 = local physician/nurse, 3 = family member or other

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

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