

**FORM280**  
**FSGS Novel Therapies (FONT-II)**  
**Urine Mailing Form (Form # 280)**

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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

Remember when sending specimen(s) to the core lab.....Place Bar Code Label Here to include a copy of page 1 for Form 10 in the shipping container *once for each new participant*

4. Bar Code ..... BARCD

**Note: Make sure the urine aliquots from each urine collection have different bar codes and different forms and that these bar codes are different from the bar code used to label the visit's serum specimen**

5. Date of urine collection..... (dd/mmm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COLDDT

6. a. Type of collection..... COLTYP  
1 = routine (in window)  
2 = make up for missed routine (in next window)  
3= repeat

b. If Q6a =2 (make up for missed routine), please specify the visit that is being made up?..... MVISN

7. Does this participant need a pregnancy test? (If the participant is a menstruating female and the visit is Screening, B01, B02, W08, W16, W26 a pregnancy test is required. Note, if the participant is male, enter 0=no ..... (0 = no, 1 = yes)\_\_\_ PRGTST

8. Were drugs that interfere with creatinine excretion withheld for 48 hours prior to this urine collection? ..... (0 = no, 1 = yes)\_\_\_ ICREAT  
**(If no, do NOT send the urine to the Core Lab, unless the urine is specifically for pregnancy testing. Otherwise, repeat the collection.)**

9. Was this a first morning urine? ..... (0 = no, 1 = yes)\_\_\_ FSVOID  
**(If no, do NOT send the urine to the Core Lab, unless the urine is specifically for pregnancy testing. Otherwise, repeat the collection.)**

10. Time of urine collection ..... (military)\_\_\_ COLTM

11. Was the participant ill during or in the 48 hours prior to the start of this urine collection? ..... (0 = no, 1 = yes)\_\_\_ ICILL  
**(If yes, do NOT send the urine to the Core Lab, unless the urine is specifically for pregnancy testing. Otherwise, repeat the collection.)**

12. Shipping date..... (dd/mmm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SHIPDT  
**(A copy of this form must be included in the shipment to Spectra.)**

13. Who shipped the urine specimen .... (1 = study personnel, 2 = participant, 3=local MD office)\_\_\_ URSHIP

**SEND COPY OF COMPLETED FORM in SPECTRA SHIPMENT and  
FAX COMPLETED FORM TO FONT STUDY DESK  
UMich (734) 232-2353 NYU (212) 263-4053**

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

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