

FORM286

FSGS Novel Therapies (FONT-II)

Biopsy Mailing Form (Form # 286)

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1. Participant ID Number
PID

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2. Alpha Code
ALPHCD

3. Date of biopsy(dd/mmm/yyyy) ____ / ____ / ____ BIOPDT

4. Is this mailing this patient's initial shipment or a repeat shipment?..... __SHIPNO
(Code 1 = initial, 2 = second shipment, 3 = third shipment, etc.)

5. Date materials shipped..... (dd/mmm/yyyy) ____ / ____ / ____ SHIPDT

Pathology shipment contains: (For items 6 to 11, code 0 = no, 1 = yes)

6. H & E slide(s) HESLD

7. Biopsy report..... BIOPRP

8. Print(s) of electron microscopy..... EMPRNT

9. Immunofluorescence report IFRP

10. a. PAS PASYN

b. Silver Stain (JMS) SSJMS

11. Unstained slide..... UNSSLD

12. Site pathologist who submitted materials

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

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