

# FORM287

## FSGS Novel Therapies (FONT-II)

### Biopsy Results Form (Form # 287)

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1. Participant ID number  
PID

2. Alpha code  
ALHCD

CPEVENT /  
VISIT\_NUMBER /  
SUBEVENT\_NUMBER

- 3. Date of biopsy .....(dd/mmm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ BIOPDT
- 4. Severe damage during shipment: complete new shipment needed? .....(0 = no, 1 = yes)  
\_\_\_\_DAMAGE  
(If yes, go to item 200 below)
- 5. Biopsy report received .....(0 = no, 1 = yes) \_\_\_\_BIOPREC
- 6. Number of H & E slides received ..... HESLDN
- 7. a. Number of PAS slides received ..... PAS  
b. Number of Silver (JMS) slides received ..... JMS  
c. Number of Trichrome slides received ..... TRICHR  
d. Number of unstained slides received ..... UNSTAN
- 8. Electron microscopy material including at least 1 glomerulus received? .....(0 = no, 1 = yes)  
\_\_\_\_ELMICR
- 9. a. Number of glomeruli available for light microscopy ..... LTMIC  
b. Number of glomeruli with segmental sclerosis ..... SEGSCCL  
c. Number of glomeruli with global sclerosis ..... GLOSCCL  
d. Percent of cortical parenchyma with tubular atrophy  
and interstitial fibrosis .....(%) \_\_\_\_ CORPAR  
e. Severity of arteriosclerosis ..... ARTSCL  
0 = absent, 1 = 1+ (mild), 2 = 2+ (moderate), 3 = 3+ (severe), 9 = unknown
- 10. Type of FSGS ..... FSGSTY  
1 = NOS, 2 = perihilar, 3 = cellular, 4 = tip, 5 = collapsing, 8 = not applicable, 9 = unknown
- 11. Biopsy review shows C1q deposits .....(0=no, 1=yes) \_\_\_\_BIOPSY
- 12. Results of review ..... PTHRES  
1 = all required material submitted and consistent with FSGS  
2 = materials NOT consistent with FSGS

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

3 = another shipment is needed (missing materials shown above)

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

201. Username of Core Pathologist completing this form.....\_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_