

FORM288

FSGS Novel Therapies (FONT-II)

Genetic Mutation Confirmation Form (Form # 288)

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1. Participant ID Number
PID

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2. Alpha Code
ALPHCD

3. Confirmation has been provided that states the participant has a genetic mutation in a podocyte protein associated with the disease..... (0=no; 1=yes)___GENMYN

4. Date genetic testing done.....(dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ___ GENMDT

5. a. The Participating Site received a copy of the de-identified genetic testing result..... (0=no; 1=yes)___SITEGM

b. If Q5a is yes, date copy received (dd/mmm/yyyy) ___ ___ / ___ ___ ___ / ___ ___ ___ ___ GMRDT

6. Co-Principle Investigator confirms that the participant has a genetic mutation in a podocyte protein associated with the disease..... (0=no; 1=yes)___ GENMYN1

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

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