

# FORM294

## FSGS Novel Therapies (FONT-II)

### Consent for Repositories Form (Form # 294)

This form should be completed for all participants **even if they refuse.**

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1. Participant ID Number  
PID

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2. Alpha Code  
ALPHCD

CPEVENT /  
VISIT\_NUMBER /  
SUBEVENT\_NUMBER

3. a. Did the participant consent for collection of biological specimens on a consent form that has been approved by the NIDDK repository leadership?..... \_\_BIOCON  
0 = no, the participant declined  
1 = yes  
2 = the site does not have local IRB approval for repository collection  
3 = the site does not have NIDDK approved consent

- b. If the participant declined, what was the reason? .....\_\_BIODEC  
0 = difficulty with venous access  
1 = personal preference  
2 = other (if other, specify: \_\_\_\_\_)BIOOTH

4. Date of biological specimens consent **or**  
declined: ..... (dd/mmm/yyyy)\_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_BCONDT

5. a. Did the participant consent for collection of DNA on a consent form that has been approved by the NIDDK repository leadership?..... \_\_DNACON  
0 = no, the participant declined  
1 = yes  
2 = the site does not have local IRB approval for repository collection  
3 = the site does not have NIDDK approved consent  
4 = the participant consented and provided DNA in the FSGS-CT or FONT I Study

- b. If Q5a is 0 = no, the participant declined, what was the reason?.....\_\_DNADEC  
0 = difficulty with venous access  
1 = personal preference  
2 = other (if other, specify: \_\_\_\_\_)DNAOTH

- c. If Q5a is 4 = the participant consented and provided DNA in the FSGS-CT or FONT I Study, identify which study .....(1=FSGS, 2=FONTI) \_\_DNASTDY

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

## FSGS Novel Therapies (FONT-II) Screening Form (Form # 210)

6. Date of DNA consent **or** declined: .....(dd/mmm/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_DNACDT

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

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