

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial
On-Line Randomization Form (Form # 30)

PID

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1. Participant ID number

ALPHCD

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2. Alpha code

Visit Number: VISN
auto populated

The computer generates items 3 through 15 automatically.

3. Form 10 (Preliminary Screening) supports eligibility? FSGSE1
4. Form 11 (Baseline Visit) supports eligibility? FSGSE2
5. Form 14 (Disease History) complete? FSGSE3
6. Form 44 (Medications) complete? FSGSE4
7. Form 46 (Physical Exam) complete? FSGSE5
8. QOL forms complete? FSGSE6
9. Lab Results support eligibility? FSGSE7
10. Biopsy Results support eligibility? FSGSE8
11. Negative pregnancy test for a woman of childbearing potential? FSGSE9
12. PPD results acceptable? FSGSE10
13. Date of consent < 6 months ago? FSGSE11
14. Is this age stratum available? FSGSE12
15. The participant is eligible? FSGSE13

Questions to be answered at the time of randomization:

101. Do you confirm that you have received an express mail package or fax with this participant's negative HIV test results from the Core Lab at Spectra East?.....NEIGHIV
(0 = no, 1 = yes, 2=the site PI believes this participant does not have HIV. If this participant is found to have HIV, a Form 45 will be entered.)
102. Do you confirm that based on the best of your knowledge the participant is eligible?.....(0 = no, 1 = yes) ELIGIB
Make sure that you have the repository (bio specimen and DNA) kits for this participant before the W00 visit is scheduled.
103. Do you want to randomize the participant now?(0 = no, 1 = yes) RANDOM

Randomized Treatment..... (CSA or MMF) _____

RX

Automatically stored:

202. Date this form entered (dd/mmm/yyyy) ("Created On")
203. Username of person entering this form ("By")

Randomization Date:

RAND-DT - autopopulated