

### Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Re-Enrollment Form (Form # 32)

PID						ALPHCD		VISN		
								B	0	1
1. Participant ID Number						2. Alpha Code		3. Visit Number		

Visit date: visdt  
not collected

4. a. Reason why participant was initially determined ineligible..... RSN/NE  
 (1 = estimated GFR, 2 = ANC, 3 = Hematocrit, 4 = Serum Potassium, 5 = Up/c, or 6 = other, please specify)  
 b. If other, please specify: \_\_\_\_\_ SPCFY
5. Date of lab measurement that determined ineligibility.....(dd/mmm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ COLDT
200. Date this form completed.....(dd/mmm/yyyy) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
201. Username of person completing this form.....\_\_\_\_\_

**Automatically stored:**

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