

### Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Study Medication Termination Form (Form # 45)

PID

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1. Participant ID number

ALPHCD

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2. Alpha code

VISN

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3. Visit Number

Name of study medication terminated: (0 = no, 1 = yes)

If termination of a study medication is due to an AE/SAE, complete either a Form 60 or 61.

4. a. Lisinopril.....MEDNY1  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT1  
 c. Primary reason drug terminated.\_\_\_\_MDVT1  
 d. MedDRA code.....MDCLLT1
5. a. Losartan .....MEDNY2  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT2  
 c. Primary reason drug terminated.\_\_\_\_MDVT2  
 d. MedDRA code.....MDCLLT2
6. a. Cyclosporine (CSA).....MEDNY3  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT3  
 c. Primary reason drug terminated.\_\_\_\_MDVT3  
 d. MedDRA code.....MDCLLT3
7. a. Dexamethasone.....MEDNY4  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT4  
 c. Primary reason drug terminated.\_\_\_\_MDVT4  
 d. MedDRA code.....MDCLLT4
8. a. Mycophenolate (MMF) .....MEDNY5  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT5  
 c. Primary reason drug terminated.\_\_\_\_MDVT5  
 d. MedDRA code.....MDCLLT5
9. a. Prednisone/Prednisolone.....MEDNY6  
 b. Date terminated.....(dd/mmm/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_MEDTDT6  
 c. Primary reason drug terminated.\_\_\_\_MDVT6  
 d. MedDRA code.....MDCLLT6

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”)**