

### Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Relapse Therapy Form (Form # 51)

PID	ALPHCD	VISN	VISDT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1. Participant ID Number	2. Alpha Code	3. Visit Number	4. Date of Incident (dd/mmm/yyyy)

5. Date relapse therapy began.....(dd/mmm/yyyy) \_\_\_/\_\_\_/\_\_\_ THSTDT

6. Date relapse therapy officially ended ....(dd/mmm/yyyy) \_\_\_/\_\_\_/\_\_\_ THSPDT

**Instruction:**

If the participant is protein uric or edematous, complete F16, F44, F80 and F83 mailing forms and submit samples to Core Lab. F51 is completed once relapse has been confirmed.

7. Up/c ..... UPC

8. Albumin ..... ALB

9. Edema ..... (0=no, 1=yes) EDEMA

Comments (at end of therapy): \_\_\_\_\_ COMM

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")