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Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial
Long-Term Monitoring Form (Form # 52)

PID	ALPHCD	VISN	VISDT
1. Participant ID Number	2. Alpha Code	3. Visit Number	4. Date of Visit (dd/mmm/yyyy)

5. a. Does the participant have kidney failure? .....(0 = no, 1 = yes) ___ESRD

   b. If yes, patient's ESRD treatment modality .....___ESRDRX
      1 = hemodialysis
      2 = peritoneal dialysis
      3 = kidney transplant
      4 = untreated (refusing dialysis)
      8 = not applicable
      9 = unknown

   c. Date of ESRD onset.....(dd/mmm/yyyy) ___ ___/___ ___ ___/___ ___ ___ ___ESRDDT

6. a. Has the participant been pregnant since the last visit? ... (0 = no, 1 = yes, 8 = not applicable) ___PREG1

   b. Is the participant currently pregnant? ..... (0 = no, 1 = yes, 8 = not applicable) ___PREG2

7. Since the participant's last visit, did an Adverse Event possibly related to study drug(s) occur? .....(0 = no, 1 = yes) ___AEOCC
   If yes, complete the appropriate AE form(s) – F60 &/or F61

8. Has the participant been hospitalized since the last visit?.....(0 = no, 1 = yes) ___HOSPNY
   If yes, complete F62 (Hospitalization Form) and F61 (SAE)

9. Is the participant currently involved in another clinical trial?.....(0 = no, 1 = yes) ___OTHTRL

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")