

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Study Medication Non Protocol Dosing Form (Form #64)

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1. Participant ID Number

PID

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2. Alpha Code

ALPHED

W				
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3. Visit Number

VISN

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4. Date of Visit (dd/mmm/yyyy)

VISDT

Off Protocol Drug Dosing

5. Study Drug **STDRUG**
(1 = CSA, 2 = Dexamethasone, 3 = Lisinopril, 4 = Losartan, 5 = MMF, 6 = Prednisolone, 7 = Prednisone)

6. Current total daily dose (mg) **TDDOSE**

Reason for protocol non-adherence dosing (may choose multiple responses) (0 = no, 1 = yes)

- 7. Advice from non-study physician **PDRSN1**
- 8. Advice from study investigator (document reason below) **PDRSN2**
- 9. Documentation error **PDRSN3**
- 10. Study team not able to contact patient **PDRSN4**
- 11. Adverse Event or Serious Adverse Event **PDRSN6**
- 12. Prescription dose calculation error **PDRSN7**
- 13. Comments: _____ **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")