

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial MMF GI Toxicity Form (Form # 66)

When diarrhea or other GI side effects initially occur, enter an Adverse Event Form # 60 and treat the participant as described in the protocol and MOP. If diarrhea or other GI side effects **thought to be associated with MMF** and persisting **more than two weeks** occur, enter this form.

PID						ALPHCD		VISN				TOXIDAT						
								W										
1. Participant ID Number						2. Alpha Code		3. Visit Number				4. Date Toxicity Noted (dd/mmm/yyyy)						

5. Diarrhea or other GI side effects associated with MMF and persisting more than two weeks?(1 = first incidence, 2 = subsequent incidence) **SIDEFT**

For diarrhea or other GI side effects associated with MMF and persisting more than two weeks, dose of MMF should be reduced. Complete a Form # 44 to document dose reduction.

6. Date this toxicity resolved.....(dd/mmm/yyyy) / / **RESDT**

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")