

VIEW: UMAL
DCMNAME: URINE-MAILING
DCMSUBNM: UMAIL

Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Core Lab Urine Mailing Form (Form # 80)

PID

--	--	--	--	--	--

1. Participant ID number

ALPHA

--	--

2. Alpha code

VISN

--	--	--	--

3. Visit Number

Remember when sending the specimen(s) to the Core Lab to include a copy of page 1 of Form 10 in the shipping container *once for each new participant.*

Place Bar Code Label Here

4. Bar Code..... BARCD
Note: Make sure the urine aliquots from each urine collection have different bar codes and different forms and that these bar codes are different from the bar code used to label the visit's serum specimen.

5. Date of urine collection (dd/mmm/yyyy) ___/___/___ COLDT

6. a. Type of collection COLTYP
1 = routine (in window)
2 = make up for missed routine (in next window)
3 = repeat

b. If Q6a = 2 (make up for missed routine), please specify the visit that is being made up? MVISN

7. Does this participant need a pregnancy test? (If the participant is a menstruating female and the visit is B1, W0, W14, W26, W38, W52, or W65, a pregnancy test is required. When two urine specimens are collected at visits W0, W26 and W52, the pregnancy test is required on only one of the two specimens.) Note, if the participant is a male, enter "0=no." (0 = no, 1 = yes) PRGTST

8. Were drugs that interfere with creatinine excretion **withheld** for 48 hours prior to this urine collection?..... ICREAT
(0 = no, 1 = yes, 3 = participant is not taking any medications that interfere with creatinine excretion)
(Answer YES to this question if medications that interfere with creatinine excretion WERE WITHHELD. If NO, do NOT send the urine to the Core Lab. Repeat the collection.)
(Common H₂ blockers include Cimetidine (Tagamet). Common NSAIDS include Ibuprofen (Advil) and Naproxen (Aleve).

9. Was this a first morning void?..... (0 = no, 1 = yes) FSVOID
(If no, do NOT send the urine to the Core Lab. Repeat the collection.)

10. Time of urine collection..... (military) COLTM

11. Was the participant ill during the 48 hours prior to the urine collection? (0 = no, 1 = yes) ICILL
(If yes, do NOT send the urine to the Core Lab.)

12. Shipping date (dd/mmm/yyyy) ___/___/___ SHIPDT
(A copy of this form must be included in the shipment to Spectra.)

13. Who shipped the urine specimen? (1 = study personnel, 2 = participant) URSHIP

200. Date this form completed..... (dd/mmm/yyyy) ___/___/___ COMPDT

201. Username of person completing this form..... COMPBY