

### Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Results of Local Tuberculin Skin Test (Form #91)

PID						ALPHCD		VISN			VISDT								
								B	0	1									
1. Participant ID Number						2. Alpha Code		3. Visit Number			4. Date PPD placed (dd/mmm/yyyy)								

- 5. a. Date PPD read.....(dd/mmm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PPDDT
- b. Who read the PPD ..... (1 = medical personnel, 2 = parent/family member) \_\_\_ PPDBY
- 6. Type of PPD testing? .....(1 = within 3 months prior to the date of consent, 2 = routine, 3 = repeat) \_\_\_ PPDTYP
- 7. Induration.....1 = < 10 mm (negative), 2 = ≥ 10 mm (positive) \_\_\_ INDUR
  
- 200. Date this form completed.....(dd/mmm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- 201. Username of person reviewing this form..... \_\_\_\_\_

**Automatically stored:**

- 202. Date this form entered (dd/mmm/yyyy) ("Created On")
- 203. Username of person entering this form ("By")