



# Exam 7

## CGM Completion Form

Participant ID #:

Acrostic:

Technician ID:

Date:   /   /

Month Day Year

### First Continuous Glucose Monitor

Did the participant receive a CGM?

- No →
- Yes

Reason:

- Participant refusal
- Unable to ambulate
- Physician instruction to not participate
- Monitor not available
- Other: \_\_\_\_\_

**END**

CGM serial number: \_\_\_\_\_

Date CGM placed:   /   /

Month Day Year

Time CGM initiated:   :    AM  PM

Mail tracking number for CGM return mailer: \_\_\_\_\_

Did the participant return the CGM?

- No →
- Yes

Reason:

- Lost by participant
- Lost by postal service
- Other: \_\_\_\_\_

*Go to "Is participant eligible for a second CGM?"*

Date CGM returned:   /   /

Month Day Year

Date received:   /   /

Month Day Year





# Exam 7

## CGM Completion Form

Participant ID #:

Acrostic:

Technician ID:

Date:   /   /

Month Day Year

### Second CGM

Did the participant receive a second CGM?

- No →
- Yes

Reason:

- Participant refusal
- Unable to ambulate
- Physician instruction to not participate
- Monitor not available
- Other: \_\_\_\_\_

**END**

CGM serial number: \_\_\_\_\_

Reader serial number: \_\_\_\_\_

Date CGM, reader, and diary mailed to participant:   /   /

Month Day Year

Mail tracking number for CGM and reader package: \_\_\_\_\_

Date CGM placed:   /   /

Month Day Year

Time CGM initiated:   :    AM  PM

Mail tracking number for CGM and reader return: \_\_\_\_\_

Did the participant return the second CGM?

- No →
- Yes

Reason:

- Lost by participant
- Lost by postal service
- Other: \_\_\_\_\_

**END**



# Exam 7

## CGM Completion Form

Date CGM returned:   /   /      
 Month Day Year

Date received:   /   /      
 Month Day Year

Was the CGM Data downloaded?

- No
- Yes

Reason:

- Download error
- Monitor damaged
- Staff error
- Other: \_\_\_\_\_

Date data downloaded:   /   /      
 Month Day Year

Both ambulatory glucose profile and raw data saved?

Diary returned?

- Yes, complete
- Yes, incomplete
- Yes, blank
- No

Date of diary data entry:   /   /      
 Month Day Year

Reader returned?

- Yes
- No

**Reader cleaned and all data removed?**

**Call to participant**

Date ambulatory glucose profile and reimbursement/incentive mailed back to participant:   /   /      
 Month Day Year

Serial number/tracking number for reimbursement/incentive: \_\_\_\_\_