Exam 7

CGM Completion Form

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

First Continuous Glucose Monitor

CGM serial number: _____

Date CGM placed: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Time CGM initiated: ☐☐ : ☐☐ ○ AM ○ PM

Mail tracking number for CGM return mailer: _____

Date CGM returned: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Date of data download: ☐☐ / ☐☐ / ☐☐☐☐
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

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

Serial tracking number for reimbursement/incentive: _____

Is participant eligible for a second CGM?

- ○ Yes → **Complete Second CGM section**
- ○ No → **End of form**

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CGM Completion Form

Participant ID #: ☐☐☐☐☐☐☐ Acrostic: ☐☐☐☐☐☐☐

Technician ID: ☐☐☐☐ Date: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Second CGM

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: _____

Date CGM returned: ☐☐ / ☐☐ / ☐☐☐☐
Month Day Year

Date of data download: ☐☐ / ☐☐ / ☐☐☐☐
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 → ☐ **Reader cleaned and all data removed?**
- ○ No → **Call to participant**

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

Serial number/tracking number for reimbursement/incentive: _____