Continuous Glucose Monitoring-Sensor Initialization and Return Form

ID NUMBER: ☐☐☐☐☐☐☐ FORM CODE: C G M R DATE: 10/12/2023 Version 2.0

Instructions: *This form reviews additional exclusions for the Continuous Glucose Monitoring ancillary study to determine if a participant is currently eligible to have the sensor placed. When the participant is determined to be eligible and has agreed to participate, the form records the sensor serial number. Parts A and B of this form are completed immediately before the FreeStyle Libre 3 Continuous Glucose Monitoring sensor is given to the participant. Part C is completed when the device is returned to the clinic and shipped to Abbott.*

ADMINISTRATIVE INFORMATION

0a. Completion Date: ☐☐/☐☐/☐☐☐☐ (Month / Day / Year) 0b. Staff ID: ☐☐☐

0c. Would you be interested in participating in this part of the study, as I've described?

Y ☐ Yes → **Go to item 1**

N ☐ No

0c1. If no, why not?_____ **Save and close form**

A. CGM Sensor Exclusion Information

1. Do you have an MRI scan, CT scan, X-ray or diathermy treatment scheduled in the next 14 days?
   Yes.....☐ Y → **Go to item 3**
   No.....☐ N

2. Do you have any air travel scheduled over the next 14 days?
   Yes.....☐ Y
   No.....☐ N → **Go to item 4**

2a. The CGM sensor cannot be worn through regular airport screening machines. Are you willing to request alternative security screening procedures for travel?
   Yes.....☐ Y → **Go to item 4**
   No.....☐ N

3. Are you willing to participate in the CGM study at a later date?
   Yes.....☐ Y → **Save and close form**
   No.....☐ N → **Save and close form**

B. CGM Sensor Initialization Information

4. CGM sensor serial number ……..…… ☐☐☐☐☐☐☐☐☐☐☐ max length=11

5. Date of CGM sensor application: ..... ☐☐/☐☐/☐☐☐☐ (M M / D D / Y Y Y Y)

5a. Time of CGM sensor application: ……..……. ☐☐:☐☐
H H M M

C. CGM Sensor Return Information

6. Did the participant return the device?
   Yes .....☐ Y
   No.....☐ N → **Save and close form**

7. How many days did the participant wear the device? ……..……. ☐☐

8. Date device returned to clinic: ..... ☐☐/☐☐/☐☐☐☐

9. Date device shipped to Abbott: ..... ☐☐/☐☐/☐☐☐☐