

Continuous Glucose Monitoring-Sensor Initialization Form

<u> </u>	ID IUMBER:					FORM CODE:	С	G M	DATE: 05/07/ Version 1.0	2021
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. This form is completed immediately before the Libre Pro Continuous Glucose Monitoring sensor is given to the participant.										
	MINISTRAT Completion			ATION onth	Day	Year		(0b. Staff ID:	
0c. Would you be interested in participating in this part of the study, as I've described? $_{\text{N}} \square \text{ Yes } \Rightarrow \boxed{\text{Go to item 1}}$ $_{\text{N}} \square \text{ No}$										
	0c1. If no,	why not	?					-	Save and	close form
Α.	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.	Yes	illing to . □ _Y →	Save	and c	lose		ater da	ate?		
В.	CGM Sen	sor Ini	tializa	tion In	form	ation		·		
4.	CGM sens	sor seri	al num	nber						max length=11
5.	Date of Co	GM ser	isor ap	plication	on:					