



Continuous Glucose Monitoring-Sensor Return Status Form

ID NUMBER: [][][][][][][][][]

FORM CODE: [C] [G] [R]

DATE: 6/2/2021
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: [][][] / [][][] / [][][][][]
Month Day Year

0b. Staff ID: [][][]

Instructions: This form is completed when a Continuous Glucose Monitoring Libre Pro sensor is returned to the clinic. All raw data files obtained from the CGM sensor should be attached to this form using the standard filenaming format indicated in the CGR QxQ.

If the participant had a replacement sensor, wait to send results until both sensors have been returned.

A. CGM Sensor Return Information

1. Sensor Serial Number: [][][][][][][][][][][][] (max length 11)

2. Was the CGM sensor returned to the clinic?

Yes..... Y

No N → **Go to item 8**

3. Date CGM sensor returned to clinic: [][][] / [][][] / [][][][][]
M M D D Y Y Y Y

4. Was the data successfully downloaded from the sensor?

Yes Y → **Go to item 5**

No N

4a. Why not?.....

Sensor damaged A → **Go to item 8**

Sensor lost B → **Go to item 8**

Other C

4a1. If other, please specify: _____ → **Go to item 8**

5. Was the exported raw data file successfully attached to this form?

Yes Y

No N

6. Was the 1 page AGP results file (.pdf) successfully downloaded from LibreView?

Yes Y

No N

7. Did the participant wear the sensor for the full 14-day wear period?

Yes Y → **Go to item 16**

No N

7a. How many days did the participant wear the sensor?..... Days

8. Did the participant have the sensor replaced?

Do not send participant results until the replacement sensor has been returned to the clinic.

Yes _Y

No _N → **Go to item 16**

B. CGM Replacement Sensor Return Information

9. Replacement Sensor Serial Number: (max length 11)

10. Was the CGM replacement sensor returned to the clinic?

Yes..... _Y

No _N → **Go to item 16**

11. Date CGM replacement sensor returned to clinic: / /
M M D D Y Y Y Y

12. Did the participant wear the replacement sensor for the full 14-day wear period?

Yes _Y → **Go to item 13**

No _N

12a. How many days did the participant wear the replacement sensor?..... Days

13. Was the data successfully downloaded from the replacement sensor?

Yes _Y → **Go to item 14**

No _N

13a. Why not?.....

Sensor damaged A → **Go to item 16**

Sensor lost B → **Go to item 16**

Other C

13a1. If other, please specify: _____ → **Go to item 16**

14. Was the exported raw data file successfully attached to this form?

Yes _Y

No _N

15. Was the 1 page AGP results file (.pdf) successfully downloaded from LibreView?

Yes _Y

No _N

C. CGM Results Information

Be sure to run missing fields queries before running script. Save the form before and after running the script.

16. (Script Field) The PDF results from the following sensor serial number should be printed: