

## **Continuous Glucose Monitoring-Sensor Initialization and Return Form**

N	ID UMBER:  FORM CODE:  C G M R  DATE: 10/12/2023 Version 1.0
dete elig con	ructions: This form reviews additional exclusions for the Continuous Glucose Monitoring ancillary study to ermine if a participant is currently eligible to have the sensor placed. When the participant is determined to be ible and has agreed to participate, the form records the sensor serial number. Parts A and B of this form are appleted immediately before the FreeStyle Libre 3 Continuous Glucose Monitoring sensor is given to the participant. It C is completed when the device is returned to the clinic and shipped to Abbott.
	MINISTRATIVE INFORMATION  Completion Date: Day Year  Ob. Staff ID:
0c.	Would you be interested in participating in this part of the study, as I've described?
	y ☐ Yes → <b>Go to item 1</b> 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
	The CGM sensor cannot be worn through regular airport screening machines. Are you willing to reques rnative security screening procedures for travel?  Yes → Go to item 4  No No
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
В.	CGM Sensor Initialization Information
4.	CGM sensor serial number max length=1
5.	Date of CGM sensor application:

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C. CGM Sensor Return Information

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