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| Logo  Description automatically generatedWeekly CGM Shipping and Receiving Form |
|  |  |  |  |  |  |  |  | Version:1.0Revised: 12/19/2023  |
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| **Instructions:** Part 1 of this form is to be completed by the field center staff to document the **weekly** shipping of the CGM devices to Abbott Diabetes Care for processing. Tracking information should be emailed to Annette Peinado at Abbott Diabetes Care in advance of shipment. Part 2 of this form will be completed by Abbott Diabetes Care upon receipt of sensors.  |
| **Part 1: Shipping (to be completed at the field center)** |
| **From:** **Forsyth County Minneapolis**  **Jackson City Washington County** |  | **To: Annette Peinado**Abbott Diabetes Care1360 South Loop RoadAlameda CA 94502**Office:** 510-749-6405**Mobile:** 510-316-7174**annette.peinado@abbott.com** |
|  |
| Staff Initials (shipping): |  |  |  |  | Shipped Date:(MM/DD/YYYY) |  |  | **/** |  |  | **/** |  |  |  |  |
| Number of Sensors in Shipment:  |  |  | Tracking Number: |
| **Visit: 11** Field Center Comments: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Itemized Listing of Shipment Contents** |  |
|  | **ARIC ID** | **Sensor Serial Number** |  |
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| **Part 2: Receiving (to be completed by Abbott Upon Receipt)** |
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| Staff Initials (receiving):  |  |  |  |  | Date Received: (MM/DD/YYYY) |  |  | **/** |  |  | **/** |  |  |  |  |
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| **Receiving Comments:**  |