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| Logo  Description automatically generatedWeekly CGM Shipping and Receiving Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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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 Care  1360 South Loop Road  Alameda CA 94502  **Office:** 510-749-6405  **Mobile:** 510-316-7174  [**annette.peinado@abbott.com**](mailto:annette.peinado@abbott.com) | | | | | | | | | | | | | | | |
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| 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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |