

Final Visit Form

Participant ID: PtID Initials: Namecode	
HbA1c (POC)	<input type="checkbox"/> HbA1c (POC) not done HbA1cNotDone
1. Testing Date: _____ TestDt	
2. Method: <input type="radio"/> DCA point of care <input type="radio"/> Afinion point of care <input type="radio"/> Other point of care <input type="radio"/> Unknown Method	
3. HbA1c Value (%): _____% HbA1c	

DEVICE DATE/TIME VERIFICATION	
StudyBGMCellPhMatch CellPhDt CellPhHr CellPhMin CellPhAMPM StudyBGMDt StudyBGMHr StudyBGMMin StudyBGMAMPM PumpDt PumpHr PumpMin PumpAMPM	1. Are the date/time on the study BGM within 1 minute of a cell phone <input type="checkbox"/> Yes <input type="checkbox"/> No If no, record the date/time displayed on each: 1a. Cell phone: ____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM 1b. Study BGM: ____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM 1c. Insulin pump: ____ / ____ / ____ ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM (if applicable)

VISIT CHECKLIST	
1. If using personal CGM, were data from CGM downloaded? <input type="checkbox"/> Yes <input type="checkbox"/> No PersCGMDload 2. If using insulin pump, were data from pump downloaded? <input type="checkbox"/> Yes <input type="checkbox"/> No InsDelPumpDload	