Pilot Study 3 of Outpatient Control-to-Range: Safety and Efficacy with Day-and-Night In-Home Use
Screening Labs Form

tblScreeningLabs
Identifying Information

PtID

1. **Patient ID: CTR3-____ ____ ____- ____ ____ ____ ____**

2. **Initials: ____ ____ ____**

GFRNotCompleted

GFRDate

GFRNormal

LiverTestNotCompleted

LiverTestDt

LiverTestNormal

TSHTestDt

TSHTestNormal

CPeptideTestDt

CPeptideTestHr

CPeptideTestMm

CpeptideTestAMPM

CPeptideTestState

Chemistry Panel

☐ **Chemistry Panel not completed (*Subject has NOT had diabetes for >5 years duration*)**

1. **Date of calculated GFR: ___ ___ / ___ ___ /___ ___ mm/dd/yy** *(3 months prior to enrollment acceptable)*

    a. **Is calculated GFR > or =60 mL/min/1.73m^2?** ☐Yes ☐No

Liver Function

☐ **Liver Function tests not completed (*Subject is NOT taking medications known to affect liver function and/or does not have prior history of diseases known to affect liver function*)**

2. **Date of Liver Function Test: ___ ___ / ___ ___ /___ ___ mm/dd/yy** *(3 months prior to enrollment acceptable)*

    a. **Are the results < or = to 2 times the upper limit of normal?** ☐Yes ☐No

TSH

3. **Date of TSH Test: ___ ___ / ___ ___ /___ ___ mm/dd/yy** *(3 months to 1 year prior to enrollment acceptable)*

    a. **Are the results detectable and < or = 10?** ☐Yes ☐No

C-peptide

4. **Date of C-peptide Test: ___ ___ / ___ ___ /___ ___ mm/dd/yy** *(non-fasting is acceptable)*

5. **Time of C-peptide Test: ___ ___ : ___ ___ AM / PM**

6. ☐ **Fasting** ☐ **Non-fasting** ☐ **Unknown**