

Open Loop Initiation Visit

tblOpenLoopInitiation

Visit Information Section

VisitDt	1. Name of Investigator _____
	2. Visit Date: _____

Open-Loop Supplies

TranslatorBoxNotUsed DexComReceiverNotUsed	1. DiAs Serial Number: _____
	2. Translator Box Serial Number: _____ <input type="checkbox"/> N/A, no translator box used
	3. Dexcom Receiver Serial Number: _____ <input type="checkbox"/> N/A, no receiver used
	4. Dexcom Transmitter Serial Number: _____

Home Use Device Preparation

ClosedLoopDisabled QCMeter QCKetone	1. Was Closed-Loop operation disabled on the DiAs system? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If No, please indicate why not: _____
	2. Was QC testing successful with the study blood glucose meter using two different concentrations of control solution? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If No, please indicate why not: _____
	3. Was QC testing successful with the study blood ketone meter using two different concentrations of control solution? <input type="checkbox"/> Yes <input type="checkbox"/> No

	<p>a. If No, please indicate why not: _____</p>
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