

Pump Run-In Initiation Visit

tblPumpRunInInitiation

Visit Information Section

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

Identifying Information

PtID	1. Patient ID: CTR3- _____ - _____
	2. Initials: _____

Pump Run-In Initiation Section

Urine Testing *(Only required if female)*

PregTestDt	1. If subject is female,
PregTestNotDoneMF	a. Date of negative urine pregnancy test: ____ / ____ / ____ mm/dd/yy (If not done indicate reason below)
	ai. If not done, why: Dropdown list (Premenstrual, Surgically sterile, Male, Other)
	aii. If reason is 'Other,' please describe: _____

Subject Pump Training

PumpTraining	1. Subject received pump training per protocol. <input type="checkbox"/> a) Pump Serial Number: _____
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Home Use Device Preparation

QCMeter	1. 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 1a. If No, please indicate why not: _____
QCKetone	2. 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 2a. If No, please indicate why not: _____
EmergencyKit	3. Subject was given a Study Emergency Kit? <input type="checkbox"/>