

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

tblNonProtContact
Identifying Information

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

NonPContDt	1.Contact Date: ____ / ____ / ____ mm/dd/yy 2.ID of person completing contact: (dropdown)
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Non-protocol Contact

NonPContType	1.Mode of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Office Visit
ReasonForCommunication	2. Reason for communication: <input type="checkbox"/> Technical <input type="checkbox"/> Safety <input type="checkbox"/> Scheduling <input type="checkbox"/> Other a. If Other, please describe: _____ _____ _____ _____
ANSNotified	3. Is this communication associated with receipt of a notification text/email from the automated notification system (ANS)? <input type="checkbox"/> Yes <input type="checkbox"/> No
ANSNotifiedAdvEvent	a. If Yes: in your opinion, what is the likelihood that an adverse event would have occurred if contact with the subject had not been made? <input type="checkbox"/> Not assessable <input type="checkbox"/> Unlikely <input type="checkbox"/> Possibly <input type="checkbox"/> Probably <input type="checkbox"/> Definitely

Contact details

Free text (explain why the subject was contacted)

System Use

SysProb	1. Has the subject had any problems while using the system? <input type="checkbox"/> Yes <input type="checkbox"/> No a. If Yes, please describe: _____ _____ _____ _____ _____ _____ _____
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