

## Table: tblCTR3CGMRunInInitiation

### Synopsis:

This phase will instruct the subject on how to use the study CGM device. Depending on CGM use status, the subject will be asked to attempt 24/7 use of the CGM device for up to four weeks at home.

**NOTE:** Subjects who are Dexcom CGM users with  $\geq 5$  days/week use over past 4 weeks may skip this phase and move directly to Visit 2- Study pump training and initiation.

## CGM Run-In Initiation Visit

### Visit Information Section


(VISITINFORMATION\_A\_01)

|         |                               |
|---------|-------------------------------|
| InvID   | 1. Name of Investigator _____ |
| VisitDt | 2. Visit Date: _____          |

### Identifying Information

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

### Subject CGM Training

|                 |   |
|-----------------|---|
| CGMUseStatus    | 1. CGM use status:<br><input type="radio"/> Subject is current Dexcom CGM user 5 d/wk for last 4 weeks<br><input type="radio"/> Subject is current non-Dexcom CGM user 5 d/wk for last 4 weeks<br><input type="radio"/> Subject is non-user of CGM or CGM user <5 d/wk for last 4 weeks |
| DexcomTraining  | 2. Subject received Dexcom CGM training per protocol   |
| SensorDt        | 3. Sensor Insertion:  |
| ReceiverSN      | a. Date of Initial Sensor Insertion: ____ / ____ / ____ mm/dd/yy  |
| TransmitterSN   | b. Dexcom Receiver Serial Number: _____   |
| SensorLotNumber | c. Dexcom Transmitter Serial Number: _____  |
|                 | d. Dexcom Sensor Lot Number: _____  |

### Home Use Device Preparation

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