

**DirecNet Exercise 2 Study
A1cNow Ancillary Study Form**

tblGA1cNowData

On the day before your next visit, you will complete two A1c tests one right after the other by following the instructions provided with the device. You will also do a fingerstick blood sugar test when you do the tests using the meter you were given for the study. Please write down the date, time, and result in the spaces in Section A for each A1c and your blood sugar test. Please bring this form, the A1c tests, and study HGM to your next visit.

A. Patient Home Testing

1. A1cNow Test1 Date and Time: ____ / ____ / ____ PtTest1DtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
2. A1cNow Test1 Result: _____ % PtTest1Result
3. A1cNow Test2 Date and Time: ____ / ____ / ____ PtTest2DtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
4. A1cNow Test2 Result: _____ % PtTest2Result
5. Blood Sugar Test Date and Time: ____ / ____ / ____ PtHGMDtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
6. Blood Sugar Test Result: _____ mg/dL PtHGMResult

B. Clinic Testing (to be completed by the study nurse at your next visit)

1. A1cNow Test1 Date and Time: ____ / ____ / ____ ClinicTest1DtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
2. A1cNow Test1 Result: _____ % ClinicTest1Result
3. A1cNow Test2 Date and Time: ____ / ____ / ____ ClinicTest2DtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
4. A1cNow Test2 Result: _____ % ClinicTest2Result
5. Blood Sugar Test Date and Time: ____ / ____ / ____ ClinicHGMDtTm ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
6. BG Test Result: _____ mg/dL ClinicHGMResult

C. Lot Numbers (to be completed by the study nurse)

1. Home A1cNow Test1 Lot Number: _____ PtTest1LotNum	Exp. Date: _____ PtTest1ExpDt
2. Home A1cNow Test2 Lot Number: _____ PtTest2LotNum	Exp. Date: _____ PtTest2ExpDt
3. Clinic A1cNow Test1 Lot Number: _____ ClinicTest1LotNum	Exp. Date: _____ ClinicTest1ExpDt
4. Clinic A1cNow Test2 Lot Number: _____ ClinicTest2LotNum	Exp. Date: _____ ClinicTest2ExpDt

COMMENTS

LabCmts