Site Number	__ __ __ __	Participant	__ __ __ __ __ __	Participant Letters:	___ ___ ___

This form should be completed when a participant is diagnosed with diabetes.

Criteria for Diagnosis:

1) Symptoms of diabetes plus casual plasma* glucose concentration ≥ 200 mg/dL (11.1 mmol/L).
   - Casual is defined as any time of day without regard to time since last meal.
2) Fasting Plasma* Glucose (FPG) ≥ 126 mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hours.
3) 2-hour Plasma* Glucose (PG) ≥ 200 mg/dL (11.1 mmol/L) during an OGTT. The test should be performed as described by WHO, using a glucose load containing the equivalent of 1.75g/kg body weight to a maximum of 75 g anhydrous glucose dissolved in water.
4) Unequivocal hyperglycemia with acute metabolic decompensation (e.g. ketoacidosis)

* Note: Serum is also acceptable

A. REPORT INFORMATION

1. Date of Diagnosis: *
   __ __ / __ __ __ / __ __ __ __
   DAY MONTH YEAR

3. Diagnosis made by: *(check one)* * ☐ 1 TrialNet Laboratory ☐ 2 Other Facility

a. If Other Facility, specify: _____

4. Date Insulin treatment started :*
   __ __ / __ __ __ / __ __ __ __
   DAY MONTH YEAR
   ☐ Unknown

B. HOSPITALIZATION INFORMATION

1. Was the participant hospitalized at the time of diagnosis? *
   ☐Yes ☐ No ☐ Unknown

If YES,

a. Admission Date:
   __ __ / __ __ __ / __ __ __ __
   DAY MONTH YEAR

b. Discharge Date:
   __ __ / __ __ __ / __ __ __ __
   DAY MONTH YEAR

C. SIGNS AND SYMPTOMS OF DIABETES

Did the participant experience:	Yes/No		a. Month/Year of Onset
1. Polyuria *	☐Yes ☐ No ☐ Unknown	*If Yes,*	__ __ __ / __ __ __ __ MONTH YEAR
2. Polydipsia *	☐Yes ☐ No ☐ Unknown	*If Yes,*	__ __ __ / __ __ __ __ MONTH YEAR
3. Polyphagia *	☐Yes ☐ No ☐ Unknown	*If Yes,*	__ __ __ / __ __ __ __ MONTH YEAR

Site Number	___ ___ ___ ___	Participant	___ ___ ___ ___ ___ ___	Participant Letters:	___ ___ ___

4. Fatigue* ☐Yes ☐ No ☐ Unknown

4. Unexplained weight loss * ☐Yes ☐ No ☐ Unknown

If Yes, ___ ___ ___ / ___ ___ ___ ___ (MONTH / YEAR)

___ ___ ___ / ___ ___ ___ ___ (MONTH / YEAR)

b. If YES, amount of weight lost ___ ___ . ___ kg

5. Ketoacidosis * ☐Yes ☐ No ☐ Unknown ___ ___ ___ / ___ ___ ___ ___ (MONTH / YEAR)

If YES, report as many of the following as available:

	1. Result[1]	2. Units[2]	Reference Range (*if available*) 3. Low	4. High	5. Date
a. Plasma[1] Glucose ***(serum also acceptable)***	___ ___ ___ . ___	____	___ ___ . ___	___ ___ . ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)
b. pH (Serum)	___ . ___ ___	____	___ . ___ ___	___ . ___ ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)
c. Serum Ketones (acetoacetate)	___ ___	____	___ ___	___ ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)
d. Anion Gap	___ ___	____	___ ___	___ ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)
e. Bicarbonate (Serum)	___ ___	____	___ ___	___ ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)
f. Urine Ketones	___ ___	____	___ ___	___ ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)

[1]Results should be reported based on initial visit

[2]Units: 1=mg/dl 2=mmol/L 3=ug/ml 4=meq/L 5=no units

D. GLUCOSE LEVELS

*Record information on recently measured glucose levels – meter readings are **not acceptable** diagnostic criteria.*

	a. Glucose Result [1]	b. Units (*check one*)	Reference Range (*if available*) c. Low	d. High	e. Glucose Date	f. Glucose Type	g. Measured By
1	___ ___ ___ . ___	☐1 mg/dl ☐2 mmol/L	___ ___ . ___	___ ___ . ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)	☐1 Random ☐2 Fasting ☐3 2-hr OGTT	☐1 TrialNet ☐2 Other Lab ☐3 Meter
2	___ ___ ___ . ___	☐1 mg/dl ☐2 mmol/L	___ ___ . ___	___ ___ . ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)	☐1 Random ☐2 Fasting ☐3 2-hr OGTT	☐1 TrialNet ☐2 Other Lab ☐3 Meter
3	___ ___ ___ . ___	☐1 mg/dl ☐2 mmol/L	___ ___ . ___	___ ___ . ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)	☐1 Random ☐2 Fasting ☐3 2-hr OGTT	☐1 TrialNet ☐2 Other Lab ☐3 Meter
4	___ ___ ___ . ___	☐1 mg/dl ☐2 mmol/L	___ ___ . ___	___ ___ . ___	___ ___ / ___ ___ ___ / ___ ___ ___ ___ (DAY / MONTH / YEAR)	☐1 Random ☐2 Fasting ☐3 2-hr OGTT	☐1 TrialNet ☐2 Other Lab ☐3 Meter

[1] Glucose levels must be based on plasma or serum

E. OTHER LABORATORY VALUES

Site Number	___ ___ ___ ___	Participant	___ ___ ___ ___ ___ ___	Participant Letters:	___ ___ ___

Laboratory Values	a. Result	Reference Range (if available) b. Low	c. High	d. Date
1. HbA1c *(only if obtained outside of TrialNet)*	___ . __ %	___ . __ %	___ . __ %	__ __ / __ __ __ / __ __ __ __ DAY MONTH YEAR