T1DGC Application to Eligibility Committee

(Interviewer Completed)

Family ID

famid

Participant Identifier [ ][ ]   Clinic ID [ ][ ][ ]   Secondary ID [ ][ ][ ]

pid
apcenter
psid

COMPLETED BY CLINIC

1. Date completed   [ ][ ] - [ ] - [ ][ ][ ]

     Day   Month   Year   d_app

2. Is this application for the proband or the affected sibling?

   Proband [ ] 1   appfor2
   Affected Sibling [ ] 2

3. At what age was the participant diagnosed with Type 1 diabetes?

   [ ][ ] Years

4. Did the participant use insulin within six months of being diagnosed?

   Yes [ ] 1
   No [ ] 2

   If no, please provide additional information or explanation:

   _____

   _____

5. Once the participant started using insulin, did he/she ever stop using insulin for a period of 6 months or more for reasons other than a pancreas transplant?

   Yes [ ] 1
   No [ ] 2
   (Diagnosis < 6 months ago) Not applicable [ ] 3

   If yes, please provide additional information or explanation:

   _____

   _____

Secondary ID: Proband = AS1; Affected Sibling = AS2; Additional Affected Siblings = AS3, AS4, AS5
Participant Identifier: AS1 = 03; AS2 = 04; AS3 = 07; AS4 = 08; AS5 = 09

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6. What is the participant's current age?

☐☐ Years

7. Which of the following best describes the participant's race (or ethnic origin)?
RECORD UPTO THREE RACE/ETHNICITY CODES FROM CUE CARD.

Primary ☐☐

☐☐

☐☐

8. How many full brothers/sisters does the participant have that have been diagnosed with Type 1 diabetes? Full brothers and sisters are those that have the same biological mother and same biological father.

☐☐

a. How many of them meet the T1DGC definition of Type 1 diabetes? That is, diagnosis before 35 years old, insulin use within 6 months of diagnosis without stopping for 6 months or more.

☐☐

9. Are there any laboratory data that might suggest the participant has Type 1 diabetes? If so, please include below. Include information such as autoantibodies and/or c-peptide.

_____ evidlab

_____

_____

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10. Do any other family members have Type 1 diabetes or another autoimmune disease (*e.g.,* multiple sclerosis, thyroid disease, rheumatoid arthritis, etc.)? Include parents, grandparents, half-siblings, aunts and uncles.

_____ evidfam

_____

_____

11. What symptoms occurred around the time of diagnosis that are indicative of Type 1 diabetes (for example, diabetic ketoacidosis or other presenting symptoms)?

_____ evidsym

_____

_____

12. What is the participant's estimated weight loss at time of diagnosis?   ☐☐☐ wtloss

          Pounds ☐ 1 wtl_units
          Kilograms ☐ 2

13. What is the participant's estimated BMI or weight at time of diagnosis?   a. BMI ☐☐☐ bmi

OR

    b. Weight ☐☐☐ wt

          Pounds ☐ 1 wt_units
          Kilograms ☐ 2

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14. Interviewer ID ☐☐☐☐ code_api

15. ID of person editing this form ☐☐☐☐ code_ape

16. Date FAXed to Regional Network Center ☐☐ - ☐☐☐☐ - ☐☐☐☐
    Day   Month   Year

COMPLETED BY REGIONAL NETWORK CENTER

17. Date FAXed to Coordinating Center ☐☐ - ☐☐☐☐ - ☐☐☐☐
    Day   Month   Year

COMPLETED BY COORDINATING CENTER

18. Date FAXed to Eligibility Committee Members ☐☐ - ☐☐☐☐ - ☐☐☐☐
    Day   Month   Year

19. Eligibility Committee decision

    (SKIP TO QUESTION 21) Approved ☐ 1 decision
    (SKIP TO QUESTION 21) Ineligible ☐ 2
    Need More Information ☐ 3

20. Additional information requested by Eligibility Committee:

    _____

    _____

Family ID

Participant Identifier [   ]   Clinic ID [   ]   Secondary ID [   ]

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21. Date decision FAXed to Regional
     Network Center

[ ] - [   ] - [   ]
Day   Month   Year

COMPLETED BY REGIONAL NETWORK CENTER

22. Date decision FAXed to Clinic

[ ] - [   ] - [   ]
Day   Month   Year

Final Version (05/17/05)