

**T1DGC Application to Eligibility
Committee for Cases
(Interviewer Completed)**

Page 1 of 5

Case ID

pid

Clinic ID

Secondary ID

apcenter
psid

COMPLETED BY CLINIC

1. Date completed

Day

Month

Year

d_app

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

Years

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

Yes 1
No 2

If no, please provide additional information or explanation:

4. Once the participant started using insulin, did he/she ever stop using insulin for a period of six 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: Case = CAS

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C	A	S
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5. What is the participant's current age?

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Years

6. Which of the following best describes the participant's race (or ethnic origin)?

Primary

--	--	--

RECORD UPTO THREE RACE/ETHNICITY CODES FROM CUE CARD.

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7. 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.

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

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8. 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. (Include reference ranges/values.)

evidlab

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9. 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

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

evidsym

11. What is the participant's estimated weight loss at time of diagnosis?

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wtloss

Pounds 1
Kilograms 2

wtl_units

12. What is the participant's estimated BMI or weight at time of diagnosis?

a. BMI

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bmi

b. Weight

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wt

Pounds 1
Kilograms 2

wt_units

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13. Interviewer ID

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code_api

14. ID of person editing this form

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code_ape

15. Date FAXed to Regional Network Center

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Day

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Month

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Year

COMPLETED BY REGIONAL NETWORK CENTER

16. Date FAXed to Coordinating Center

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Day

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Month

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Year

COMPLETED BY COORDINATING CENTER

17. Date FAXed to Eligibility Committee Members

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Day

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Month

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Year

18. Eligibility Committee decision

(SKIP TO QUESTION 21) Approved

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1 decision

(SKIP TO QUESTION 21) Ineligible

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2

Need More Information

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3

19. Additional information requested by Eligibility Committee:

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20. Date decision FAXed to Regional
Network Center

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Day

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Month

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Year

COMPLETED BY REGIONAL NETWORK CENTER

21. Date decision FAXed to Clinic

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Day

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Month

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Year