

Protocol # TN10 - Anti-CD3 Prevention

Participant ID:		Date of Registration:	
Local ID:		Letters:	
Status:			
Site:			
Randomization ID:			
Treatment Assign Date:		Treatment Start Date:	

Diabetes Onset

* These fields are required in order to SAVE the form

* These fields are required in order to COMPLETE the form

Date of Visit: * [Date](#)

Interviewer User ID: *

A. Report Information

1. Date of Diagnosis:*

2. Current visit or last scheduled visit preceding diagnosis of diabetes:*

<input type="radio"/> Baseline	<input type="radio"/> Day 8	<input type="radio"/> Week 6	<input type="radio"/> Month 36
<input type="radio"/> Day 1	<input type="radio"/> Day 9	<input type="radio"/> Month 3	<input type="radio"/> Month 42
<input type="radio"/> Day 2	<input type="radio"/> Day 10	<input type="radio"/> Month 6	<input type="radio"/> Month 48
<input type="radio"/> Day 3	<input type="radio"/> Day 11	<input type="radio"/> Month 12	<input type="radio"/> Month 54
<input type="radio"/> Day 4	<input type="radio"/> Day 12	<input type="radio"/> Month 18	<input type="radio"/> Month 60
<input type="radio"/> Day 5	<input type="radio"/> Day 13	<input type="radio"/> Month 24	<input type="radio"/> Month 66
<input type="radio"/> Day 6	<input type="radio"/> Day 20	<input type="radio"/> Month 30	<input type="radio"/> Month 72
<input type="radio"/> Day 7			

3. Diagnosis made by* TrialNet Laboratory Other Facility

a. If other facility, specify:

4. Date Insulin treatment started* Unknown

B. Hospitalization Information

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

If YES,

a. Admission Date:

b. Discharge Date:

C. Signs and Symptoms of Diabetes

<u>Did the participant experience</u>	Yes/No	a. Month/Year of Onset
1. Polyuria*	<input type="radio"/> Yes <input type="radio"/> No	If Yes, <input type="text"/> <input type="text"/>

2. Polydipsia* Yes No If Yes,

3. Polyphagia* Yes No If Yes,

4. Fatigue* Yes No If Yes,

5. Unexplained weight loss * Yes No If Yes,

b. If YES, amount of weight lost

6. Ketoacidosis* Yes No

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

			Reference Range		
	1. Result	2. Units	3. Low	4. High	5. Date
a. Plasma Glucose	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL <input type="radio"/> mEq/L <input type="radio"/> n/a	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
b. pH(serum)	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL <input type="radio"/> mEq/L <input type="radio"/> n/a	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
c. Serum Ketones	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL <input type="radio"/> mEq/L <input type="radio"/> n/a	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
d. Anion Gap	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL <input type="radio"/> mEq/L <input type="radio"/> n/a	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
e. Bicarbonate	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL <input type="radio"/> mEq/L <input type="radio"/> n/a	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
f. Urine Ketones	<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L <input type="radio"/> ug/mL	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

mEq/L

n/a

D. Glucose Levels

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

a. Glucose Result	b. Units	Reference Range		e. Glucose Date	f. Glucose Type	g. Measured By
		Low	d. High			
<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ▼ <input type="text"/>	<input type="radio"/> Random <input type="radio"/> Fasting <input type="radio"/> 2-hr OGTT	<input type="radio"/> TrialNet <input type="radio"/> Other lab <input type="radio"/> Meter
<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ▼ <input type="text"/>	<input type="radio"/> Random <input type="radio"/> Fasting <input type="radio"/> 2-hr OGTT	<input type="radio"/> TrialNet <input type="radio"/> Other lab <input type="radio"/> Meter
<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ▼ <input type="text"/>	<input type="radio"/> Random <input type="radio"/> Fasting <input type="radio"/> 2-hr OGTT	<input type="radio"/> TrialNet <input type="radio"/> Other lab <input type="radio"/> Meter
<input type="text"/>	<input type="radio"/> mg/dl <input type="radio"/> mmol/L	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> ▼ <input type="text"/>	<input type="radio"/> Random <input type="radio"/> Fasting <input type="radio"/> 2-hr OGTT	<input type="radio"/> TrialNet <input type="radio"/> Other lab <input type="radio"/> Meter

Add

E. Other Laboratory Values

	1. Result	Reference Range		5. Date
		3. Low	4. High	
1. HbA1c	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> <input type="text"/> ▼ <input type="text"/>

Save

Print

Close Window