## Protocol # TN10 - Anti-CD3 Prevention

Participant ID:	Date of Registration:	
Local ID:	Letters:	
Status:		
Site:		

## **DIABETES ONSET FORM**

Page: 1 of 2



		* These fields are required in order to SAVE the form		
		* These fields are required in order to COMPLETE the form		
Date of form completed: *	▼	<u>Date</u>		
Interviewer User ID: *				
A. Diagnostic Category				
1.Select ONE set of criteria by which the participant was diagnosed with type 1 diabetes:				
○ a. Two consecutive OGTT clinical alerts				
<ul> <li>b. DKA or unequivocally symptomatic AND one diabetic lab value (unequivocally symptomatic is defined as sever/persistent polyuria, polydipsia, and/or significant unexplained weight loss)</li> </ul>				
C. One OGTT clinical alert and one other diabetic lab value				
○ d. Fasting glucose >= 126 mg/dL AND HbA1c >= 6.5%				
e. Diagnosis made by criteria other than listed above				
B. Central Lab Results				
<u>View Test Results</u>				
D. Outside Lab Results				
1.Fasting Plasma Glucose	Result			
		o mg/dl		
		o mmol/L		
Add				
2. 2hr OGTT a. Fasting Glucose	Result			
		omg/dl		
		O mmol/L		
Add				
b. 2 hour Glucose	Result			

