

Metabolic Control Study
CRC Admission and Discharge Information Form

tblPCRCAdmissionDischarge

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|----------|------------------------------|
| PtID | 1. Patient ID: _____ - _____ |
| Namecode | 2. Namecode: _____ |

GENERAL INFORMATION

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|-------|--|
| InVID | 1. ID of Investigator Performing the CRC Visit: ____ - _____ |
|-------|--|

CRC ADMISSION INFORMATION

| | |
|-------------------------------|---|
| CRCAdmDt | 1. Admission Date: ____ / ____ / ____ |
| BaseKetone BaseKetoneUnits | 2. Serum ketone result at the time of admission: _____ <input type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L |
| BaseGlucose | 3. Glucose result at the time of admission: _____ mg/dL |

CRC DISCHARGE INFORMATION

| | |
|--------------------------|---|
| CRCDisDt | 1. Discharge Date: ____ / ____ / ____ mm/dd/yy |
| ComplAdm | 2. Did the subject complete the admission per protocol? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ComplAdmDs | If No, complete the following: Reason: _____ |
| ClosedLoopTm | 3. Approximate length of time on the functioning closed loop system: _____ hours |
| AdvEvents | 4. Did any reportable adverse events occur in the CRC? <input type="checkbox"/> Yes <input type="checkbox"/> No (If YES, an Adverse Event Form must be completed.) |
| AdmKetone AdmKetoneDs | 5. Did any serum ketones develop during the CRC admission? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete the following: Reason: _____ |

TARGET GLUCOSE LEVELS FOR HOME MANAGEMENT

TargetGlucDay
AcceptGlucDay

1. Target glucose for correction during the day: _____ mg/dL
1a. Acceptable glucose range during the day: _____

TargetGlucNight
AcceptGlucNight

2. Target glucose for correction overnight: _____ mg/dL
2a. Acceptable glucose range overnight: _____

COMMENTS FormCmts

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