

**Metabolic Control Study  
Hypoglycemic and Hyperglycemic Events Form**

tbIPCLHypoHyperEvents

**Identifying Information**

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

The closed loop system will be stopped if the participant (1) has > 3 episodes of hypoglycemia defined as a blood glucose ≤ 50 mg/dL in a 24 hour period or > 4 episodes of hypoglycemia (≤ 50 mg/dL) at anytime during the use of the closed loop system, (2) has one severe hypoglycemia episode defined by seizure, loss of consciousness, or requiring assistance of another due to altered state of consciousness, or (3) develops DKA.

**Hypoglycemic Events** (Please complete an Adverse Event Form for any episodes meeting criteria for a reportable AE)

1. Did the subject have any episodes of hypoglycemia requiring treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">CLHypoEpiReqTx</span>				
2. If yes, complete the following for each hypoglycemic event: <span style="float: right;">(below fields in tbIPCLHypoEventsDetail)</span>				
Date and Time CLHypoEventDtTm	Glucose Result CLHypoGlucRes CLHypoGlucResNA	Closed Loop Functioning? CLHypoFunc	Treatment CLHypoTxDs	Meets Criteria Above? CLHypoMeetCrit
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available			
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available			
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available			
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available			
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available			

**Hyperglycemic Events** (Please complete an Adverse Event Form for any episodes meeting criteria for a reportable AE)

1. Did the subject have any episodes of hyperglycemia requiring a manual bolus? <input type="checkbox"/> Yes <input type="checkbox"/> No <span style="float: right;">CLHyperEpiReqBol</span>				
2. If yes, complete the following for each hyperglycemic event: <span style="float: right;">(below fields in tbIPCLHyperEventsDetail)</span>				
Date and Time CLHyperEventDtTm	Glucose Result CLHyperGlucRes CLHyperGlucResNA	Serum Ketone Result CLHyperKetoneRes CLHyperKetoneResNA	Closed Loop Functioning? CLHyperFunc	Treatment CLHyperTxDs
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available	___ mmol/L OR <input type="checkbox"/> Not Available		
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available	___ mmol/L OR <input type="checkbox"/> Not Available		
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available	___ mmol/L OR <input type="checkbox"/> Not Available		
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available	___ mmol/L OR <input type="checkbox"/> Not Available		
___/___/___ mm/dd/yyyy ___ :___ <input type="checkbox"/> AM <input type="checkbox"/> PM	___ mg/dL OR <input type="checkbox"/> Not Available	___ mmol/L OR <input type="checkbox"/> Not Available		

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