

Metabolic Control Study
Mixed Meal Tolerance Test Form
tbIPMixedMeal

MMTestNotDone **Not Done** (If not done, please enter reason in comment section)
If Done, please complete the following

IDENTIFYING INFORMATION

MMTestDt 1. Date of Test: ____ / ____ / ____ mm/dd/yy
Visit 2. Visit: 2wk 6wk 3m 6m 9m 12m 18m 24m 30m 36m 42m 48m

BASELINE INFORMATION

Height 1. Subject Height: _____ cm
Weight 2. Subject Weight: _____ kg
BoostDose 3. Calculated Dose of Boost (weight in kg x 6; max = 360): _____ ml
BoostCans • Boost cans contain 8 fluid ozs (240 ml): _____ can(s)
AmtBoost 4. Amount of Boost consumed: _____ ml (not to exceed 360ml)

TEST INFORMATION

TmIVInsertHr
TmIVInsertMin
TmIVInsertAMPM 1. Time of IV Line Insertion: ____ : ____ AM PM
TmBaseGlucHr
TmBaseGlucMin
TmBaseGlucAMPM
BaseGlucResult 2. Baseline Glucose: ____ : ____ AM PM _____ mg/dL
TmBoostStartHr
TmBoostStartMin
TmBoostStartAMPM 3. Time Subject Started Boost: ____ : ____ AM PM
TmBoostEndHr
TmBoostEndMin
TmBoostEndAMPM 4. Time Subject Finished Boost: ____ : ____ AM PM (*must be within 5 minutes of start time*)
TmEndGlucHr
TmEndGlucMin
TmEndGlucAMPM
EndGlucResult 5. 2-hour Glucose: ____ : ____ AM PM _____ mg/dL

COMMENTS **FormCmts**
