



Protocol Diabetes

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Site Number

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Subject Number

Self-Monitoring Blood Glucose**1 SMBG Collected**

1.1	Was Self-Monitoring of Blood Glucose Performed?	<input type="radio"/> Yes <input type="radio"/> No	LBPERF										
1.2	Device Identifier		SPDEVID										
1.3	Test Name	GLUCOSE	LBTEST										
1.4	Specimen Type	PLASMA	LBSPEC										
1.5	Self-Monitoring of Blood Glucose Date (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											LBDAT

2 SMBG Measurements

	Timepoint of Measurement LBTPT	Indicate if Measurement NOT Taken LBSTAT	What time was the measurement taken? (24-hour clock) LBTIM	Glucose Result LBORRES	Glucose Result Unit LBORRESU								
2.1	Pre-Morning Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.2	Post-Morning Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<input type="radio"/> mg/dL <input type="radio"/> mmol/L



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Self-Monitoring Blood Glucose**2 SMBG Measurements**

	Timepoint of Measurement	Indicate if Measurement NOT Taken	What time was the measurement taken? (24-hour clock)	Glucose Result	Glucose Result Unit										
2.3	Pre-Midday Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.4	Pre-Evening Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.5	Post-Evening Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.6	Bedtime	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.7	Overnight	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.8	Next Day Pre-Morning Meal	<input type="checkbox"/> [Not Done]	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L