



Protocol Diabetes

--	--	--

Site Number

--	--	--	--	--

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" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> </tr> </table>																					LBDAT

2 SMBG Measurements

	Timepoint of Measurement LBTP	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" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> </tr> </table>						<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></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" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> </tr> </table>						<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 15px; height: 15px;"></td> </tr> </table>						<input type="radio"/> mg/dL <input type="radio"/> mmol/L



Protocol Diabetes

--	--	--

Site Number

--	--	--	--	--

Subject Number

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" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></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" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></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" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.6	Bedtime	<input type="checkbox"/> [Not Done]	<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<input type="radio"/> mg/dL <input type="radio"/> mmol/L
2.7	Overnight	<input type="checkbox"/> [Not Done]	<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></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" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<table border="1" style="width: 100px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>					<input type="radio"/> mg/dL <input type="radio"/> mmol/L