



_____ has been provided with a Medtronic Continuous Glucose Monitoring System (CGMS) serial # _____ and I will return it on _____.

I understand that this is a short-term continuous monitoring device for measuring glucose levels. I understand that this device does not regulate my blood glucose or give me insulin. I agree to follow my usual diabetes management activities. I understand the CGMS does not display glucose values and is not intended to replace standard home blood glucose monitoring. I have discussed with my health care provider the use of the CGMS.

I understand operation of the CGMS requires the insertion of a glucose sensor into the skin. Infection, inflammation, or bleeding at the site can be possible risks. I know to contact my health care provider if I experience redness, pain, tenderness, or swelling at the insertion site.

I understand that I should:

- _____ Continuously wear the sensor until I return on the above scheduled date.
- _____ Protect the sensor site and try to avoid accidental sensor removal.
- _____ Keep a detailed journal of meals, insulin, and activities.
- _____ Enter at least (4) finger-stick blood glucose readings into the monitor per day immediately following testing.
- _____ Re-test my blood glucose and enter the new reading into the CGMS monitor following an alarm.
- _____ Remove the CGMS prior to an x-ray, CT, or MRI scan.

I understand that I should NOT:

- _____ Administer insulin near the sensor site.
- _____ Swim or submerge the monitor in water.

I have been fully trained on data entry into the CGMS monitor and feel comfortable with the monitor. I understand that alarms; gaps in the graphics; and difficulties with data interpretation may result if I enter inaccurate data or delay entering blood glucose values. I understand that this is a sensitive piece of equipment and agree to take every precaution necessary in caring for this device. I accept financial responsibility if I do not take reasonable care and the device becomes damaged. In the event the monitor experiences any mechanical problems or alarms, I agree to call the **Medtronic MiniMed help line at (800) 826-2099**.

I have read, had a chance to ask questions, and understand the above information.

Signature: _____ Date: _____ Time: _____

If a Minor, signature of parent or guardian:

_____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

Type of Diabetes: Type 1 Type 2 Gestational Other

Number of years: _____

Glycosylated hemoglobin (HbA1c) of _____ on _____

Return date to Physician office: _____

Current diabetes medication/any recent medication changes:

Insertion History:

Monitor Serial # _____ Sensor Lot # _____ Expiration Date _____

Sensor Placement Site: _____

Beginning Sensor Signal (ISIG) values: _____

Comments: _____

Sensor Removal:

Condition of Site:

___ No redness or inflammation ___ redness ___ inflammation ___ drainage

Comments: _____

Reported problems: ___ none ___ hypoglycemia ___ pain

Comments: _____

Returned in good condition on _____ (Date)
Received by: _____
Downloaded on: _____ By: _____
Downloading comments: _____

Diabetes Clinician Signature: _____ Date: _____ Time: _____