| | |
|---|---|
| Participant name: | |
| Hospital ID: | |
| CHI/Date of Birth: | |

**SOPHIST - SOtagliflozin in Patients with Heart failure Symptoms and Type 1 Diabetes**

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|---|---|
| Sponsor | University of Dundee-NHS Tayside |
| Chief Investigator | Dr Ify Mordi |
| IRAS number | 1007807 |

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|---|---|
| Principal Investigator | |
| Contact number | |
| Contact email | |

**Visit 5**

Date of visit: | | Participant trial ID: | | | | | |

Please tick to indicate the following have been completed:

| | |
|---|---|
| Confirmed participant's identity | |
| Participant has verbally given their consent to continue in the trial | |
| Concomitant medications have been reviewed | |
| Adverse events have been reviewed | |
| Education/review of glucose and ketone management undertaken including hypoglycaemic and DKA events, glucose /ketone readings, and insulin doses | |
| Urine albumin, creatinine and sodium | |
| Full blood count, urea & electrolytes, liver function tests and glucose | |
| Research blood and urine samples, according to participant consent | |
| Participant compliance with treatment | |

The following should be filed in the participant's medical notes:

- Changes to concomitant medications since last visit
- Any adverse events since last visit
- Details of review of diabetes management including any changes to insulin or other diabetes medication
- Any hypoglycaemic and DKA events since last visit
- Any other notable findings and actions taken
- Copy of all laboratory test printouts signed and dated by doctor on delegation log
- If the participant was withdrawn from the trial at this visit, document reason

Any further information of note:

| | |
|---|---|
| Participant name: | |
| Hospital ID: | |
| CHI/Date of Birth: | |

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The visit has been carried out as per protocol.

| | |
|---|---|
| Signature: | |
| Name: | |
| Job title: | |
| Date: | |