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

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

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

Principal Investigator	
Contact number	
Contact email	

Visit 7

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	
Six-minute walk test	
Urine albumin, creatinine and sodium	
Full blood count, urea & electrolytes, liver function tests, glucose and HbA1c	
Research blood and urine samples, according to participant consent	
Participant compliance with treatment	

Physical characteristics and vital signs

Weight	kg		
Systolic/Diastolic BP	mmHg	Pulse	bpm

Physical examination

Please tick:

Normal	
Abnormal, not clinically significant	
Abnormal, clinically significant	

If abnormal document abnormality and any actions taken, if any:

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

Name of doctor making assessment:

NYHA Class	

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- If the participant was withdrawn from the trial at this visit, document reason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:

The visit has been carried out as per protocol.

Signature:	
Name:	
Job title:	
Date:	