

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 5

Date of visit: Participant trial ID:

Please tick to indicate the following have been completed:

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

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- If the participant was withdrawn from the trial at this visit, document reason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

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The visit has been carried out as per protocol.

Signature:

Name:

Job title:

Date: