

Non-D2d Diabetes Adjudication Review Form



Study ID:

Reviewer:

Review Date (MM/DD/YYYY): / /

Additional information. *If, after review of the medical records, the reviewer determines that s/he needs additional information, please record what specific additional information is needed and submit to CC.*

Reviewer's Comments:

Reviewer's Assessment:

Participant experienced new-onset diabetes.

Indicate date of onset / /

Participant did not experience new-onset diabetes

If applicable, indicate start date of diabetes-specific pharmacotherapy / /

Reason for starting medication:

Non-diabetes indication. Specify

Clinician-made diabetes diagnosis, non-confirmed

Insufficient information for adjudication

If applicable, indicate start date of diabetes-specific pharmacotherapy / /

Reason for starting medication:

Non-diabetes indication. Specify

Clinician-made diabetes diagnosis, non-confirmed

Signature of Reviewer:

Final steps to submission:

Save a copy of this form to your computer.

Click on the "Submit" button and follow the directions to submit electronically. Alternatively, you may attach the file manually to an email and send to: D2d@TuftsMedicalCenter.org.