

## PREPARE 4 CGM Study Guide for Submitting Patient Contact Information to the Study Team

As part of the PREPARE 4 CGM study, your practice will share the names and contact information of potential study participants with the study team. Once you have identified a patient as a potential study candidate, you will notify the study team. This document provides you with several ways of sending patient information to the study team. Please use whichever method(s) work best for your practice.

### Study Team Contact Information

Email:	<a href="mailto:PREPARE4CGM@CUAnschutz.edu">PREPARE4CGM@CUAnschutz.edu</a>
Phone:	(303) 724-6723
Fax:	(888) 281-3093

Note: You will need the **patient's first and last name, phone number, and/or email address** in order to complete the referral. Having both a phone number and e-mail address for each patient is ideal but not necessary if you can only obtain one method of contact.

#### *Reminder*

A patient is eligible if:

- Between the ages of 18 and 89
- Has Type 1 or Type 2 diabetes
- Clinician has determined that CGM could help manage their diabetes
- Reads or speaks English or Spanish

There are 4 different ways that you can share patient contact information with the study team. Each of these methods is described in more detail below. These methods include:

1. Completing an online form through a secure, HIPAA-compliant website (REDCap),
2. Sending an Excel spreadsheet by:
  - a. uploading to REDCap,
  - b. Secure email, or
  - c. faxing,
3. Sending a secure e-mail, or
4. Calling the study team.

1. **Web-based form via REDCap:** Use the REDCap link to send individual patient information to the study team. This link will be sent to your practice contact after attending orientation and once your BAA/DTUA has been received and processed by the University. This link is specific to your practice and can be used over and over.

You will be taken to a page with the options of “Upload a Spreadsheet” and “Submit Individual Patients”. Select “Submit Individual Patients” and hit “Submit”. You will then see the screen below and enter the patient’s information (*See screenshots on page 3*).

- a. If the patient provided a cell phone number and has given permission for the study team to text them with an invitation to participate in this study, please check “Yes”.
- b. If the patient is Spanish-speaking and prefers Spanish language communications, please check “Spanish”.
- c. Click “Submit” before closing the page.
- d. The next screen will allow you to “close survey” if you are done referring patients, or “refer another patient” if you have additional patients to refer; you can continue to repeat the form until you have entered information for all patients you wish to submit.

Practice Name:	<input type="text"/>
How would you like to share patient contact information?	<input type="radio"/> Upload a Spreadsheet <input type="radio"/> Submit Individual Patients
<input type="button" value="reset"/>	
<input type="button" value="Submit"/>	

**Fill out an Online Form** Survey Queue

Please complete the survey below.

Thank you!

Practice Name:	<input type="text"/>
Patient Name	<input type="text"/> <input type="text"/>
	<i>first</i> <i>last</i>
Patient Phone Number	<input type="text"/>
Patient Email Address	<input type="text"/>
Patient Prefers communication in Spanish	<input type="checkbox"/> Spanish
Patient gave permission to text to invite them to the study	<input type="checkbox"/> Yes

Submit and

1 instance of this survey has been recorded

- Excel spreadsheet:** This form can be uploaded to REDCap or faxed to (888) 281-3093. You can download the spreadsheet directly from REDCap or you can use a blank template saved to your

files (the template is provided in an e-mail from the study team). You can hand-write or type the patient information.

	A	B	C	D	E	F
1	<b>PREPARE 4 CGM</b>					
2	Patients to be Screened for Study Interest and Eligibility					
3	Study Team Fax: (888) 281-3093					
4	Practice Name:					
5						
6	<b>Patient Information</b>					
7	First Name	Last Name	Phone Number	Does patient give permission to text?	Email Address	Preferred Language: Spanish?
8						
9						
10						
11						
12						
13						

To download the spreadsheet, use your practice-specific REDCap link (sent in a separate email to your practice contact). You will be taken to a page where you will see the option to “Upload a Spreadsheet” or “Submit Individual Patients”. Click “Upload a Spreadsheet”. A new screen will drop down and you will see an option to “Download Template File” with the file name of “PREPARE 4 CGM Patient Names Template.xlsx” (see the screenshot below). Click on the file name to download the file.

**Practice Name:**

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**How would you like to share patient contact information?**

Upload a Spreadsheet

Submit Individual Patients

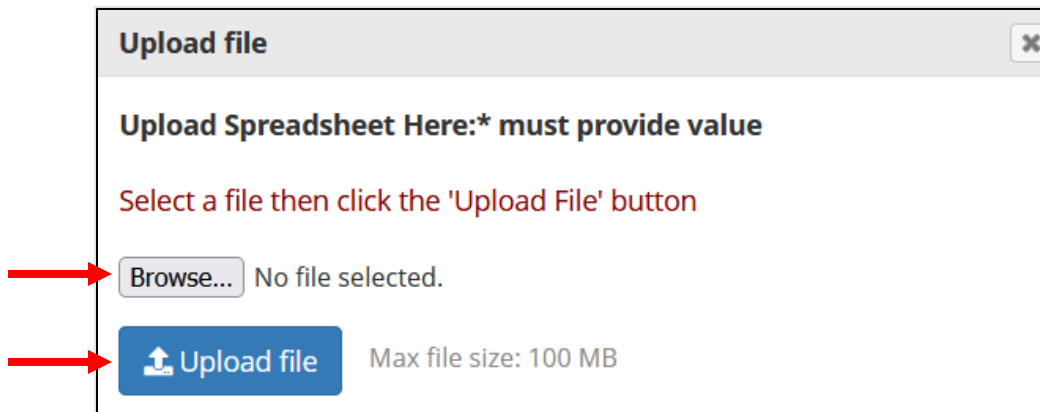
[reset](#)

**Submit**

<p><b>Upload File Here</b></p> <div style="border: 1px solid #ccc; height: 100px; display: flex; align-items: center; justify-content: center;"> <a href="#">Upload file</a> </div>	<p><b>Don't have the template?</b></p> <p><b>Download Template File</b></p> <p>Attachment:  <a href="#">PREPARE 4 CGM Patient Names Template.xlsx</a> (0.02 MB)</p>
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Print or save the spreadsheet (if completing by hand or entering information electronically, respectively) and complete the form. If entering information electronically, save the completed form to your files; if completing the form by hand, scan it and save it to your files.

Upload method: To upload directly to REDCap, use your practice’s link to return to REDCap. You will be taken to the page with the options of “Upload a spreadsheet” or “Submit Individual Patients”. Select “Upload a Spreadsheet” then “Upload file” (in the left column). Browse your files and select the completed spreadsheet. Click “Upload file” and “Submit” before closing the page.



*Note: For assistance with REDCap, please contact: (303) 724-6723 or [PREPARE4CGM@CUAnschutz.edu](mailto:PREPARE4CGM@CUAnschutz.edu)*

Fax method: Use the same instructions as above for accessing and completing the spreadsheet. When you are finished, fax the form to (888) 281-3093. You can then shred this form or dispose of it in a secure manner according to your practice’s policies.

*Note: Patient information can be collected and uploaded/faxed at a frequency that works best for you; **at least once per month** (e.g., daily, weekly).*

3. **Secure e-mail:** E-mail the study team and provide the patient’s first and last name, phone number, and/or e-mail address. Please indicate if the patient’s preferred language is Spanish and whether

the patient has given permission to text. You should use a secure, HIPAA-compliant method of email as determined by your practice.

4. **Phone:** Call the study team at (303) 724-6723 and provide the patient's first and last name, phone number, and/or e-mail address, indicate if the patient's preferred language is Spanish, and whether the patient has given permission to text. You can leave this information in a voicemail if a member of our study team is not able to answer the phone.

Thank you for participating in PREPARE 4 CGM!