SAMPLE Pediatric Presymptomatic Type 1 Diabetes Screening: Standard Operating Procedure – Step-by-Step Workflow Template

Overview

This template provides a concise, actionable step-by-step workflow for pediatric clinics implementing equitable presymptomatic type 1 diabetes (T1D) screening. It translates the full SOP into discrete, sequenced clinical steps with decision points, responsible staff, documentation requirements, and equity checkpoints.

WORKFLOW SECTION 1:

ELIGIBILITY IDENTIFICATION & TRIGGER (Week 0)

Step 1A: Identify Eligible Patients

Trigger Point: Annual review or at each visit

Who Identifies	Action	System Support
Front desk/Intake staff	Review intake form or EMR for family history of T1D	EMR best-practice advisory (BPA) fires for any patient ≥1 year old with no T1D screening in past 2 years AND documented T1D relative
EHR system	Auto-flag patients with documented T1D relative	BPA displays during check-in: "Patient has family member with T1D. Consider screening."

MA/RN	Verify family history at vital signs; ask: "Does anyone in your family have type 1 diabetes?"	Document in EMR under Family History section
Provider	Review family history in chart before visit	Note if relative recently diagnosed with T1D (increases urgency)

Documented Relative Categories:

- Biological sibling with T1D
- Biological parent with T1D
- Biological child with T1D
- First-cousin with T1D

Also screen:

- Children with other autoimmune conditions (celiac disease, thyroiditis)
- Children with genetic syndromes (Down syndrome, Turner syndrome)
- Children presenting with symptoms (polyuria, polydipsia, weight loss)
- Children with hemoglobin A1c levels ≥6% AND xxxxxx

Step 1B: Document Screening Status

EMR Documentation Requirement:
Family History: [T1D relative identified: Y/N]
Other medical condition: [High risk medical diagnosis identified: Y/N]
Prior T1D screening: Y/N; Date: _____ ; Result: [Negative / Single antibody / ≥2 antibodies]
Screening indicated today: Y/N

WORKFLOW SECTION 2: PATIENT/FAMILY EDUCATION & OFFER (Visit Day)

Step 2A: Pre-Visit Preparation (MA/RN, before provider enters)

Timing: 5–10 minutes before provider visit

Step	Action	Materials Needed	Equity Checkpoint

1. Confirm eligibility	Verify patient ≥1 year old with documented T1D relative, has an autoimmune disease, or a diagnosis that carries increased risk (Down, Turner syndrome)	EMR summary page	✓ Confirm interpretation in patient's preferred language
2. Hand out fact sheet	Give family one-page visual explanation: *"Does Your Child Need Type 1 Diabetes Screening?"*	Printed fact sheet in English, Spanish, [other language]	✓ Ask: "Do you speak English at home? Would you like materials in another language?"
3. Use opening script	Say: *"I see that [child name] has a family member with type 1 diabetes. We offer screening here to find out if [he/she/they] might develop T1D in the future. This is just a simple blood test. Many families find this helpful. Would you like to learn more?"*	Standardized script card (laminated at each station)	✓ Deliver with empathy; allow time for questions
4. Assess readiness	Gauge family interest in screening before provider enters	—	✓ If family hesitant, note reason: [lack of understanding / cost concern / transportation / other]

Documentation in EMR (MA/RN note):
Screening offer made: Y/N
Family reaction: [Interest level: High / Moderate / Low]
Barriers noted: [None / Transportation / Language / Cost / Other: ___]
Materials provided in language: [English / Spanish / Other: ___]

Step 2B: Provider Counseling & SDOH Assessment (Visit Day)

Timing: 10–15 minutes (part of standard visit)

Provider Role: Perform brief, equity-informed counseling

Sub-step 2B-i: Disease Education (Plain Language)

Content	Script	**Avoid**
What is T1D?	"Type 1 diabetes is when the body's immune system attacks insulin-making cells in the pancreas. Unlike type 2 diabetes, it's not related to weight or diet."	Medical jargon: "autoimmune destruction," "beta cells"

Stages 1 & 2	"Stage 1: Your child has early warning signs (antibodies) but normal blood sugar. Stage 2: Antibodies are there AND blood sugar is starting to go up. We can catch both stages before any symptoms."	"Pre-diabetes," "at-risk for diabetes"
Time course	"If antibodies are found, it means that their risk is for developing diabetes with an insulin requirement is increased and that we should monitor closely."	Certainty about progression timeline
Treatment if found	"If we find antibodies, we monitor with blood tests every few months, it doesn't mean someone needs insulin. New medicines can help delay or prevent symptoms."	Implication that diagnosis = immediate insulin
Benefit of early detection	"Early detection prevents emergencies like DKA (diabetic ketoacidosis, a serious condition). It also gives families time to prepare."	Fear-based language

Provider Confirmation Question:

"Does this make sense? Do you have any questions before we do the test?"

Sub-step 2B-ii: SDOH Screening (Standardized Checklist)

Provider or MA/RN asks all four questions; document each response:

Question	Response	If "No" / Barrier Identified → Action
Transportation: "Do you have reliable transportation to come to office visits?"	Y / N / Sometimes	→ Offer: telehealth for follow-up visits, weekend/evening appointments, transportation voucher, coordinate with local transit authority
Insurance: "Do you have health insurance?"	Y / N / Medicaid / Other	→ If No: Provide Medicaid enrollment info, FQHC sliding scale option, note: "Screening fee waived if uninsured"
Language: "What language do you speak most at home?"	English / Spanish / [Other]	→ If not English: Arrange professional interpreter for any future visits; provide written materials in preferred language
Follow-up barriers: "Is there anything that might make it hard to get results or come back if needed?"	[Free response]	→ Document specific barrier; create mitigation plan (e.g., "Prefers phone calls vs. letters"; "Works night shift—schedule evening appointments")

EMR SDOH Documentation:
SDOH Screening Completed: Y/N
Transportation barrier: Y/N → Plan: [none / telehealth offered / voucher provided / other]

Insurance barrier: Y/N → Plan: [none / Medicaid referral / FQHC info provided / other]
Language preference: [English / Spanish / Other: ___]
Other barriers: [List] → Mitigation plan: [Describe]
Staff to follow up on barriers: [Name, role]

Step 2C: Informed Consent & Order Placement

Timing: Same visit, after counseling

Step	Action	Documentation
1. Review consent form	Provider or MA/RN reviews templated consent in patient's language; clarifies: stages 1–2, follow-up testing, result handling, confidentiality	Consent form initialed/signed in EMR or printed and scanned
2. Confirm understanding	Provider asks: "Do you understand what we're testing for? What will happen if it's positive?" → Wait for family response	Provider note: "Informed consent obtained; understanding confirmed"
3. Confirm acceptance	Ask: "Are you ready to do the screening test today?"	Document in order: "Consent: Y/N"
4. Place order	MA/RN or provider enters standing order in EMR: "Pediatric T1D Autoantibody Panel (GAD65, IA-2, ZnT8, IAA) and random glucose"	Order appears in chart with order date and status: [Pending / Ordered]
5. Schedule sample collection	Offer three options (see Section 3); schedule on calendar	Appointment confirmation via phone/text in preferred language

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WORKFLOW SECTION 3: SAMPLE COLLECTION (Days 1–14)

Step 3A: Sample Collection Method Selection

Offer family choice (in order of equity preference):

Method	Timeline	Who Schedules	Equity Advantage	Patient Steps

1. Research in office or At-Home Kit (TrialNet, ASK)	Kit shipped day 1; family returns within 2 weeks	Coordinator emails TrialNet link; kit mailed to home	Eliminates transport; accommodates busy families	Blood draw or finger-prick at home; mail back in prepaid envelope; receive results in 2–4 weeks
2. Clinic Lab Draw	Schedule ASAP (same week if possible)	MA/RN schedules during visit or via phone	Offers in-person support; immediate turnaround	Come to clinic; blood draw; results in 1–2 weeks
3. Home Phlebotomy (if available)	Schedule within 1 week	Coordinator contacts phlebotomy service	Zero transport burden; reaches SDOH-burdened families	Phlebotomist comes to home; blood draw done; results in 1–2 weeks

Documentation in EMR:
Sample collection method offered: [At-home kit / Clinic / Home phlebotomy]
Method chosen by family: [At-home kit / Clinic / Home phlebotomy]
Appointment date/time: [ ] or At-home kit order number: [ ]
Confirmation sent to family: Y/N; Date: [ ]

Step 3B: Family Confirmation & Support

Timeline: After appointment scheduled

Action	Responsible Party	Content
Confirmation call/text	MA or coordinator	"Hello, this is [clinic name]. We have your child's T1D screening scheduled for [date/time]. If you need to reschedule, call us. Any questions?"
Pre-visit reminder (if clinic draw)	Automated text or phone	"Reminder: [Child name]'s T1D screening blood draw is tomorrow at [time]. You're at [address]. Park in [lot]. Come 15 min early. Questions? Call [#]."
At-home kit instructions (if chosen)	Email/printed handout	Video walkthrough (in patient language) + written steps + phone number for questions
Reassurance call (if child anxious)	MA/nurse	"Lots of kids are nervous about blood draws. It's just a small poke. Bring a favorite toy/person to help."

WORKFLOW SECTION 4: RESULT COMMUNICATION (Days 14–30)

Step 4A: Lab Results Review by Provider (Day 14–21)

Timeline: As soon as lab reports results (typically 1–2 weeks)

Step	Action	EMR Documentation
1. Lab receives sample	TrialNet, ASK, or local lab processes; ≥2 positive antibodies automatically flagged as "HIGH PRIORITY"	Order status updates to "Resulted"
2. Provider reviews results	PCP or pediatrician reviews result; checks autoantibody values and glucose	Note: "T1D screening resulted. [Result summary]"
3. Immediate alert (if ≥2 positive)	**Same day:** Screening coordinator notified via flag; provider calls family to schedule urgent visit	Alert: "POSITIVE. Schedule endocrinology referral within 10 days."

Step 4B: Result Communication to Family (Days 21–30)

Based on Result Type:

Result Type A: NEGATIVE Autoantibodies

Timeline: Contact within 1–2 weeks

Step	Action	Script	EMR Note
1. Schedule call with family	MA calls to schedule brief call or in-person visit	"I have your child's screening results. Everything looks good. Can we do a quick call with [parent] in the next few days?"	Contact attempt log: [Date/Time], reached Y/N

2. Provider calls/meets family	Use warm, reassuring tone	"Great news! [Child name]'s screening is negative. This means very low risk right now. We suggest rechecking in 2–3 years. Would you like a reminder call in [timeframe]?"	Result: "Negative autoantibodies. Low risk. Family educated. Repeat screening recommended in 2–3 years."
3. Provide written result summary	Mail or email one-page result letter in family's language	*"Your Child's Type 1 Diabetes Screening: Negative Result"* (includes: what it means, next steps, when to re-screen, when to call doctor)	Letter sent: Y/N; Method: [Mail / Email]; Date: [___]
4. Document in family record	Flag for reminder in 2–3 years	"Next screening offered: [Date range]"	——

Result Type B: SINGLE POSITIVE Autoantibody

Timeline: Contact within 1 week; urgent but not emergent

Step	Action	Script	EMR Note
1. Schedule provider visit	Coordinator calls to schedule visit (in-person or telehealth); note: URGENT but not emergent	"Your child's screening result needs to be discussed with [provider]. Can you schedule a time this week?"	Visit scheduled: [Date/Time]; Type: [In-person / Telehealth]
2. Provider explains finding	Use plain language; normalize; emphasize monitoring	"One of the antibodies is positive. This is a sign that [child name]'s immune system might be activated, and they are at risk for T1D, but it's early. We'll recheck the blood in a few months. We're just monitoring."	Result: "Single positive autoantibody (___). Family counseled. Repeat serology in 6-12 months."
3. Emphasize follow-up importance	Explain: "Regular follow-up helps us catch any changes early"	"It's important you come back for follow-up tests. This helps us catch any changes and keep you informed."	"Family understands importance of follow-up testing."

4. Provide educational handout	Give family *"Your Child Has One Type 1 Diabetes Autoantibody: What This Means"* in their language	Handout addresses: meaning of single antibody, testing schedule, when to call doctor, support resources	Handout provided: Y/N; Language: []; ***Date:*** []
5. Place repeat serology order	Schedule repeat testing at 3–6 months	Order in EMR: "Repeat T1D autoantibody panel; due [date]"; calendar reminder set for family	Reminder call/text sent to family: Y/N; Date: [___]
6. Automatic endocrinology referral	Route to pediatric endocrinology for co-management; not urgent but within 4–6 weeks	Referral sent to endocrinology: Y/N; Date: [___]; Tracking: [Order #]	

Result Type C: MULTIPLE POSITIVE Autoantibodies (≥2) — URGENT

Timeline: Contact as soon as possible; this is time-sensitive

Step	Action	Script	EMR Note
1. Alert team	Lab flags as HIGH PRIORITY; screening coordinator notified immediately; provider notified same day	"ALERT: [Patient] has ≥2 T1D autoantibodies. Same-day family contact required. Schedule OGTT within 2 weeks."	Alert status: "POSITIVE ≥2 antibodies - HIGH PRIORITY"
2. Provider calls family SAME DAY	Use warm, calm tone; do not cause panic but convey urgency	"Hi [parent]. I have [child name]'s T1D screening back. [Child name] has two antibodies, which means higher risk. This is not an emergency—your child is fine right now—but we need to do one more test to check blood sugar and schedule a visit with our endocrinologist. Can you come in this week?"	Contact: [Date/Time], reached: [Person], reaction: [___]

3. Schedule OGTT (glucose tolerance test) within 2 weeks	Explain: "This is a simple test where we give your child a glucose drink and check blood sugar"	"We need to do a test to see if blood sugar is changing. It takes about 3 hours. Here are your options: [clinic visit with drink / lab fasting draw + follow-up call / at-home with home glucose meter and video visit]."	OGTT order placed: Y/N; Date: [ ]; Method: [ ]
4. Schedule urgent endocrinology referral	Coordinate with endocrinologist to see patient within 2 weeks (after OGTT if possible, or same timeframe)	"You're also going to see our diabetes specialist, [name]. They will go over these results and talk about monitoring and treatments."	Endocrinology referral placed: Y/N; Appointment date: [___]; Urgent flag: Y
5. Provide written summary & education	Send or give: *"Your Child Has Two Type 1 Diabetes Autoantibodies: What This Means"* + info on endocrinology referral	Handout includes: definition of ≥2 antibodies, Stage 2 explained, OGTT process, warning signs of DKA (polyuria, fruity breath, difficulty breathing), when to seek emergency care	Materials provided: Y/N; Language: [ ]; Date: [ ]
6. Arrange urgent endocrinology intake	Endocrinology team receives referral with HIGH PRIORITY flag; schedules patient within 2 weeks	Referral includes: autoantibody values, glucose, family history, SDOH summary	Referral sent: Date [___]; Endocrinology confirmed receipt: Y/N; Appointment: [Date/Time]
7. Arrange SDOH support if not previously done	Reassess transportation, insurance, language barriers; identify any new concerns raised by urgent diagnosis	Call/email family: "We want to make sure you can get to appointments. Do you need help with transportation or anything else?"	SDOH plan updated: [List specific supports offered]

WORKFLOW SECTION 5: STAGE 2 MANAGEMENT (If OGTT Shows Dysglycemia)

Step 5A: OGTT Results & Stage 2 Confirmation

Timeline: Days 7–14 after OGTT done

Step	Action	Definition of Stage 2
1. OGTT completed	Child fasts; drinks glucose solution; blood drawn at 2 hours	**Stage 2 T1D = ≥2 autoantibodies PLUS dysglycemia:** • Fasting glucose 100–125 mg/dL, OR • 2-hour glucose 140–199 mg/dL, OR • HbA1c 5.7–6.4%
2. Provider reviews OGTT	Compares to reference range; confirms Stage 2 if dysglycemia present	If dysglycemia is confirmed → Stage 2 diagnosis made
3. Provider calls family	**Same day or within 24 hours**	"The glucose test shows [child name]'s blood sugar is starting to go up. Combined with the antibodies, we now know [he/she/they] has Stage 2 type 1 diabetes. This is not an emergency—but we need to start close monitoring and talk about treatment options."

Step 5B: Endocrinologist Management & Disease-Modifying Therapy Discussion

Timeline: Endocrinology appointment within 2 weeks of Stage 2 confirmation

Topic	Endocrinologist Actions	Family Receives
Comprehensive assessment	Review autoantibodies, OGTT, HbA1c, glucose trends; assess family readiness	Lab summary sheet explaining results in plain language
Home glucose monitoring	Prescribe home glucose meter or CGM; teach use; plan for frequent checks (2–4 weeks)	Glucose meter, instruction booklet, phone number for support
Disease-modifying therapy (DMT) discussion	Review: teplizumab (TZIELD) mechanism, infusion schedule, side effects, expected outcome (delay T1D months–years)	Written guide: *"Teplizumab for Stage 2 Type 1 Diabetes: What You Need to Know"*; insurance verification started
Psychosocial support	Screen for anxiety, depression, family stress; refer to social work, mental health, T1D support groups	List of T1D peer support groups, mental health resources, school/family adjustments
Transition planning	Discuss: possible timeline to insulin therapy; family readiness; advance planning	Insulin education offered; plan for transition before symptoms emerge

Follow-up schedule	Monthly or bi-weekly glucose checks; repeat serology every 3 months; assess for DMT response if enrolled	Printed schedule: follow-up visit dates, glucose monitoring frequency

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WORKFLOW SECTION 6: EQUITY MONITORING & QUARTERLY AUDITS

Step 6A: Data Collection (Ongoing)

Screening Coordinator captures these data for EVERY screening encounter:

Patient ID: [ ]   Date of offer: [ ]
Eligibility category: [Relative / Other autoimmune / Genetic syndrome / Symptomatic]
Screening offered: Y/N
If declined, reason: [Patient choice / Language barrier / Transport barrier / Cost / Other:]
SDOH barriers documented: [Transport / Insurance / Language / Employment / Other:]

Sample collection method: [At-home kit / Clinic / Home phlebotomy]
Sample collected: Y/N; Date: [ ]
Result: [Negative / Single antibody / ≥2 antibodies]

Days from positive result to endocrinology referral: [ ]
Race/Ethnicity: [___]
Insurance type: [Commercial / Medicaid / Uninsured]
Language preference: [English / Spanish / Other: ___]

Step 6B: Quarterly Equity Audit (Every 3 Months)

Screening Coordinator role:

1. **Pull data from all screening encounters in the quarter**
2. **Create audit table (see template below):**

Demographic Group	Offers Made	Accepted	% Uptake	Declines	Common Barriers
Race/Ethnicity:					
White, non-Hispanic	___	___	___%	___	[List]
Black, non-Hispanic	___	___	___%	___	[List]

Hispanic/Latinx	___	___	___%	___	[List]
Asian/PI	___	___	___%	___	[List]
Insurance Status:					
Commercial	___	___	___%	___	[List]
Medicaid	___	___	___%	___	[List]
Uninsured	___	___	___%	___	[List]
Language:					
English	___	___	___%	___	[List]
Spanish	___	___	___%	___	[List]
Other [specify]	___	___	___%	___	[List]

3. **Analyze for disparities:**
    - Is any group <70% uptake? If yes → why?
    - Is decline rate >20%? In which groups?
    - Are ≥2 autoantibody-positive patients referred to endocrinology within 10 days? For all races/ethnicities?
4. **Present findings to team:**
    - Share dashboard with clinical team in monthly huddle
    - Highlight disparities and celebrate improvements
    - Identify root causes (provider bias? workflow miss? language barrier? access issue?)
5. **Plan corrective actions (PDSA cycles):**
    - If Hispanic families <60% uptake: test multilingual outreach, weekend screening events
    - If uninsured families high barriers: test insurance enrollment support at visit
    - If ≥2 antibody referrals delayed in certain groups: assign navigator to ensure same-day contact
6. **Re-measure in 3 months; iterate**

QUICK REFERENCE: DECISION TREES

Decision Tree 1: "Should This Child Be Offered Screening?"

Patient presents to clinic
↓
Age ≥1 year?
├─ No → Offer screening at age 1
└─ Yes → Continue
↓
Has biological relative with T1D?
├─ Yes → OFFER SCREENING
├─ Unknown → ASK family history. If "possible," document and offer when relative status confirmed
└─ No → Proceed to next question
↓
Has other autoimmune condition? (Celiac, thyroiditis, Addison)
├─ Yes → OFFER SCREENING (high-risk category)
└─ No → Proceed to next question
↓
Has genetic syndrome? (Down, Turner)
├─ Yes → OFFER SCREENING (high-risk category)
└─ No → Proceed to next question
↓
Presenting with symptoms? (Polyuria, polydipsia, weight loss)
├─ Yes → URGENT: Offer screening; assess for DKA
└─ No → Standard of care: offer screening to relatives only; revisit family history at next visit

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Decision Tree 2: "How Do I Interpret This Result?"

Autoantibody result received
↓
Are autoantibodies positive?
│─ NO (0 positive) → NEGATIVE: Reassure family; repeat in 2 years
│─ YES (1 antibody)→ At Risk: Repeat serology in 6-12 months; refer to endocrinology; educate family
│─ YES → (≥2 positive) → URGENT referral to endocrinology within 10 days
↓
Contact family the same day
↓
Order OGTT (2-hour glucose tolerance test)
↓
OGTT results received
↓
Is glucose dysglycemic? (Fasting 100-125 OR 2-hr 140-199 OR HbA1c 5.7-6.4%)
├─ YES → STAGE 2: Urgent endocrinology referral; discuss disease-modifying therapy (teplizumab); home glucose monitoring

└ NO → STAGE 1 with ≥2 antibodies: Endocrinology referral; quarterly glucose monitoring; monitor closely for progression

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APPENDIX: TEMPLATES & SCRIPTS

Template 1: Screening Offer Script (Bilingual)

English Version:

> "Hi [parent name]. I see that [child name] has a family member with type 1 diabetes. We offer free screening here to check if [child name] might develop type 1 diabetes in the future. It's just one simple blood test. Many families find this helpful because early detection can prevent serious illness. The test takes about 5 minutes. Would you like to do it today, or would you prefer to schedule it for another time?"

Spanish Version:

> "Hola [nombre de padre/madre]. Veo que [nombre del niño/a] tiene un familiar con diabetes tipo 1. Ofrecemos aquí pruebas de detección gratuitas para verificar si [nombre del niño/a] podría desarrollar diabetes tipo 1 en el futuro. Es solo una simple prueba de sangre. Muchas familias encuentran esto útil porque la detección temprana puede prevenir enfermedades graves. La prueba toma aproximadamente 5 minutos. ¿Le gustaría hacerlo hoy, o preferiría programarlo para otro momento?"

Template 2: Result Communication Letter – Single Antibody (“At risk”)

[CLINIC LETTERHEAD]

[DATE]

Dear [Parent/Guardian Name],

Re: Type 1 Diabetes Screening Results for [Child Name]

Your child's screening test for type 1 diabetes (T1D) is back. Here are the results:

RESULT: One antibody detected (early warning sign)

What this means:
One of the antibodies we test for is positive. "One of the antibodies is positive. This is a sign that [child name]'s immune system might be activated, and they are at risk for T1D, but it's early. We'll recheck the blood in a few months. We're just monitoring." Your child does not have diabetes now and does not need insulin.

What happens next:
We will recheck the blood test in 6-12 months to see if anything is changing. We'll also want to see your child in our diabetes clinic to discuss monitoring and answer your questions.

When to call us:
Call right away if your child develops:

- Increased thirst or urination
- Unexplained weight loss
- Tiredness or irritability
- Fruity-smelling breath

Questions?
Please call us at [phone number]. We're here to help.

Sincerely,
[Provider Name]
[Title]
[Contact Information]

This letter is available in Spanish and other languages. Please call us.

Template 3: SDOH Screening & Mitigation Checklist

For MA/RN to complete with every screening offer:

- [ ] **Transportation:** "Do you have reliable transportation to clinic visits?"
  - If No → [ ] Offered telehealth option [ ] Offered weekend/evening appointment [ ] Provided transportation voucher/info
- [ ] **Insurance:** "Do you have health insurance?"
  - If No → [ ] Provided Medicaid enrollment link [ ] Explained FQHC sliding scale [ ] Documented: "Screening fee waived"
- [ ] **Language:** "What language do you speak most at home?"
  - If not English → [ ] Arranged interpreter for future visits [ ] Provided materials in [language]
- [ ] **Follow-up barriers:** "Is there anything that might make it hard to come back for results or monitoring?"
  - Barriers identified: [______________________________]
  - Mitigation plan: [______________________________]
  - Staff responsible for follow-up: [______________________________]

Documented in EMR: [ ] Yes (in SDOH section of note)

Template 4: Monthly Data Capture Form (Screening Coordinator)

Complete for each screening encounter; submit monthly summary to QI dashboard

SCREENING ENCOUNTER LOG – [MONTH/YEAR]

Encounter #: ___
Date: [
***]Patient Name (De-identified ID acceptable): [***]
Provider/Clinic: [___]

1. ELIGIBILITY
   ☐ T1D relative (sibling/parent/child/cousin)
   ☐ Other autoimmune condition
   ☐ Genetic syndrome
   ☐ Symptomatic presentation
   ☐ Other: [___]

2. OFFER
   Screening offered? ☐ Yes ☐ No
   If No, reason: [___]

3. ACCEPTANCE
   Screening accepted? ☐ Yes ☐ No
   If No, reason for decline: [___]

4. SDOH
   Transportation barrier? ☐ Yes ☐ No → Support offered: [ ]
   Insurance barrier? ☐ Yes ☐ No → Support offered: [ ]
   Language barrier? ☐ Yes ☐ No → Language: [ ]
   Other barrier? [ ] → Support offered: [__]

5. SAMPLE COLLECTION
   Method: ☐ At-home kit ☐ Clinic draw ☐ Home phlebotomy
   Collected? ☐ Yes ☐ No
   Date: [___]

6. RESULT
   ☐ Negative (0 positive)
   ☐ Single positive
   ☐ ≥2 positive (URGENT)

7. FOLLOW-UP (if result positive)
   Date family contacted: [ ]
   Days to endocrinology referral: [ ]

8. DEMOGRAPHICS
   Race/Ethnicity: ☐ White ☐ Black ☐ Hispanic/Latinx ☐ Asian/PI ☐ Other
   Insurance: ☐ Commercial ☐ Medicaid ☐ Uninsured
   Language preference: ☐ English ☐ Spanish ☐ Other: [___]

QUALITY CHECKPOINTS (Do This Monthly)

Every month, screening coordinator should verify:

- [ ] **100% of ≥2 antibody-positive patients contacted within 24 hours:** Review lab notifications; confirm provider called family
- [ ] **100% of ≥2 antibody patients referred to endocrinology:** Check referral logs; verify referral placed ≤10 days of positive result
- [ ] **SDOH barriers documented for all declines:** Review all "declined screening" encounters; confirm SDOH screening attempted
- [ ] **All materials available in top 3 clinic languages:** Check fact sheets, consent forms, result letters are printed and accessible
- [ ] **Interpreters scheduled for all non-English-speaking families:** Verify interpreter booked for any follow-up visits

Report findings to medical director and QI committee quarterly.

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