

**DEXCOM rtCGM FUNDING EXCEPTION REQUEST**

(Return to Dexcom Canada with a completed ADP rtCGM Application for Funding)

**Applicant Information**

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Health Number (10-digit): \_\_\_\_\_ Version: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Reason for Request**

This funding exception is requested for an applicant already using real-time continuous glucose monitoring (rtCGM) who met the device-specific medical criteria eligibility as follows. *(check all that apply)*

1. Owing to their developmental stage or a previously diagnosed cognitive or physical impairment, Applicant is ☐ Yes ☐ No ☐ N/A
  - i. unable to recognize or communicate symptoms of hypoglycemia; or
  - ii. independently perform fingerstick glucose testing.
2. Applicant had severe hypoglycemia in the past 2 years without an obvious precipitant, despite optimized use of insulin therapy and glucose monitoring (at least 4 times/day) which result in one of the following.
  - i. suspension of the applicant's driving license ☐ Yes ☐ No ☐ N/A
  - ii. hospitalization or emergency room or EMS visit ☐ Yes ☐ No ☐ N/A
  - iii. glucagon administration, unconsciousness, or seizure ☐ Yes ☐ No ☐ N/A
3. Other: If requesting exception for other reason – provide details below:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requestor Information**☐ Physician, or ☐ Nurse Practitioner

First/Last Name: \_\_\_\_\_  
ADP Clinic Number: \_\_\_\_\_ Program/Team Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Return via secure fax to 1.844.348.0784, or encrypted email at [ca.sales.dc@dexcom.com](mailto:ca.sales.dc@dexcom.com)