



FreeStyle Libre 3

Continuous Glucose Monitoring System



*For use with
FreeStyle Libre 3 Sensor and
FreeStyle Libre 3 Plus Sensor*

R_x Only

CAUTION: Federal law restricts this device to sale by or on the order of a physician.

Contents

Welcome	1
Choose Your Device	1
Customer Service	1
Important Safety Information	2
Compatible Sensors	2
Online Labeling	3
Indications for Use	4
Check Compatibility	6
Contraindications	6
Warnings	7
Cautions - Overall System	7
Cautions - Reader Use	9
Cautions - Sensor Use	12
Interfering Substances	18
Reader Symbols	19
Getting to Know Your System	21
Sensor Kit	22
Reader Kit	23
Reader Home Screen	25
Reader Setup	26
Applying Your Sensor	28
Starting Your Sensor	32

Checking Your Glucose	34
Understanding Your Glucose Readings	37
Making Treatment Decisions	41
Making Treatment Decisions – Getting Started	42
Using Your Glucose Reading to Make a Treatment Decision	48
Reader Alarms	63
Setting Reader Alarms	66
Setting Reader Alarm Sounds	71
Using Reader Alarms	72
Adding Notes to Glucose Readings	74
Reviewing Your History	76
Removing Your Sensor	82
Replacing Your Sensor	83
Using Reminders	84
Using the Reader's Built-in Meter	86
Intended Use	86
Blood Glucose Testing	90
Control Solution Testing	97
Living With Your System	102
Activities	102
Charging the Reader	105
Reader Settings and Information	107

Maintenance and Disposal	110
Troubleshooting	115
Reader Does Not Power On	115
Problems at the Sensor Application Site	116
Troubleshooting Display Messages.....	118
Problems Receiving Alarms	124
Blood Glucose Error Messages	126
Problems Checking Your Blood Glucose	130
Perform a Reader Test.....	132
System Specifications	133
Labeling Symbols	139
Performance Characteristics	141
Libre 3 Sensor Performance Characteristics	141
Libre 3 Plus Sensor Performance Characteristics	171
Sensor Insertion Experience	200
Electromagnetic Compatibility (EMC)	201
Limited Warranty	212

Welcome

You'll be on your way soon. This User's Manual will help you learn how to set up your Reader, apply your Sensor, and quickly check your glucose readings. You'll find troubleshooting information near the end, but don't hesitate to give our Customer Service team a call if you need assistance. We're here to help.

Choose Your Device

Want to use our compatible App instead of the Reader? Please refer to the App User's Manual in the App. You can also access the latest version at www.FreeStyleLibre.com.

Remember that once you start a Sensor, you can't switch between the Reader and App until your next Sensor.

Customer Service

Customer Service is available 7 days a week to answer any questions you may have. Call us at 1-855-632-8658 anytime between 8 a.m. to 8 p.m. Eastern Time (excluding holidays).

Important Safety Information

Before you begin using your System, please review the complete product instructions and safety information in this User's Manual and take a look at the Interactive Tutorial on our website www.FreeStyleLibre.com.

Be safe and follow the instructions properly. Using the System incorrectly could cause you to miss a severe low or high glucose event and/or make a harmful treatment decision.

Make sure you also talk to your health care professional about how to use the information you get from the Sensor to help manage your diabetes.

Compatible Sensors

The FreeStyle Libre 3 Reader only works with the FreeStyle Libre 3 Sensor or the FreeStyle Libre 3 Plus Sensor (simply referred to as Libre 3 Sensor and Libre 3 Plus Sensor). Some of the information in this User's Manual and the performance characteristics vary between the Sensors. Please reference the labeling content that applies to your Sensor. Make sure you have a Libre 3 Plus Sensor if you plan to connect with a compatible automated insulin dosing (AID) system.

Libre 3 Sensor

- 14 day wear
- Can be used by people age 4 and older
- Do not use with automated insulin dosing (AID) systems
- Taking more than 500 mg of Vitamin C per day may affect Sensor readings. This could cause you to miss a severe low glucose event.

Libre 3 Plus Sensor

- 15 day wear
- Can be used by people age 2 and older
- Can be used with compatible automated insulin dosing (AID) systems
- Taking more than 1000 mg of Vitamin C per day may falsely raise Sensor readings. This could cause you to miss a severe low glucose event. You can take up to 1000 mg of Vitamin C per day and still use the Sensor readings to make treatment decisions.

Online Labeling

You'll always find the latest version of the User's Manual, including performance data at www.FreeStyleLibre.com. If you need a free printed copy, just call Customer Service: 1-855-632-8658, 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Indications for Use

Libre 3 Sensor users:

The FreeStyle Libre 3 Continuous Glucose Monitoring System is a real time continuous glucose monitoring (CGM) device with alarms capability indicated for the management of diabetes in persons age 4 and older. It is intended to replace blood glucose testing for diabetes treatment decisions, unless otherwise indicated.

The System also detects trends and tracks patterns and aids in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments. Interpretation of the System readings should be based on the glucose trends and several sequential readings over time.

The System is also intended to autonomously communicate with digitally connected devices. The System can be used alone or in conjunction with these digitally connected devices where the user manually controls actions for therapy decisions.

Libre 3 Plus Sensor users:

The FreeStyle Libre 3 Continuous Glucose Monitoring System is a real time continuous glucose monitoring (CGM) device with alarms capability indicated for the management of diabetes in persons age 2 and older. It is intended to replace blood glucose testing for diabetes treatment decisions, unless otherwise indicated.

The System also detects trends and tracks patterns and aids in the detection of episodes of hyperglycemia and hypoglycemia, facilitating both acute and long-term therapy adjustments. Interpretation of the System readings should be based on the glucose trends and several sequential readings over time.

The System is also intended to autonomously communicate with digitally connected devices, including automated insulin dosing (AID) systems. The System can be used alone or in conjunction with these digitally connected devices for the purpose of managing diabetes.

Check Compatibility

For a list of authorized compatible products that can be used with your Sensor, please go to: www.FreeStyleLibre.com.

Use of the Sensor with products that are not listed may cause inaccurate glucose readings. If you use a computer, you are responsible for keeping it secure and up to date, for example by using anti-virus software and installing system updates.

If available, Abbott authorized Reader firmware updates will be made accessible through www.FreeStyleLibre.com.

Contraindications

Diathermy: Remove all parts of your System before high-frequency electrical heat (diathermy) treatment. The effect of diathermy on the System hasn't been tested. The exposure may damage the Sensor, which could impact proper device function and cause inaccurate readings.

Automated Insulin Dosing (AID): The Libre 3 Sensor must not be used with AID systems, including closed loop and insulin suspend systems.

Warnings

- **Don't ignore low or high glucose symptoms.** Use your blood glucose meter to make treatment decisions when your Sensor readings don't match your symptoms or expectations. Get medical attention when appropriate.
- Use your blood glucose meter to make treatment decisions when your Sensor reading doesn't match how you feel, has no number, or you see the  symbol during the first 12 hours of Sensor wear. You cannot use Sensor values to make treatment decisions during the first 12 hours.
- **Choking hazard:** The System has small parts that may be dangerous if swallowed.

Cautions - Overall System



What to know before using the System:

- Avoid infection by taking standard precautions for bloodborne pathogens.
- Don't share your System with another person to avoid confusing glucose information.

- The Reader does not share data with our compatible App. Before you start a Sensor, you must choose whether to use the Reader or the App with the Sensor. Once you start a Sensor, you cannot switch your device.
- Make sure that your Reader and Sensor kits are kept in a safe place and under your control. This is important to help stop anyone from accessing or tampering with the System.



Who should not use the System:

- **Don't use in people under the age in the Indications for Use.** The System is not cleared for use under this age.
- **Don't use if you are on dialysis or critically ill.** The System hasn't been evaluated in these groups. Sensor readings may be inaccurate.
- The System hasn't been evaluated when used with other implanted medical devices, such as pacemakers.



When is Sensor glucose different from blood glucose:

- Glucose levels in interstitial fluid (what your Sensor measures) can be different from blood glucose levels (what your meter measures). You may notice this when your glucose is changing quickly. For example, after eating, taking insulin, or exercising.



When not to use the System:

- Don't use if the Sensor Kit carton or Sensor Applicator look damaged or if tamper label indicates Sensor Applicator has already been opened. Infection may result.
- Don't use if Sensor Kit contents have expired.
- Don't use if the Reader appears to be damaged due to risk of electric shock and/or no results.

Cautions - Reader Use



What to know about Reader Alarms:

- For you to receive alarms, they must be on and your Reader should be within 33 feet of you at all times, with no obstacles between you. The Sensor itself will not issue alarms! If you're out of range, you may not get alarms.
- Keep your Reader charged with sound and/or vibration turned on so you don't miss alarms.



What to know about the Reader:

- Do NOT place the Reader in water or other liquids as this may cause it to not function properly and may lead to **risk of fire or burns**.
- The Reader has a built-in blood glucose meter that is designed to be used only with FreeStyle Precision Neo blood glucose test strips and

MediSense Glucose and Ketone Control Solution. Using other test strips with the Reader's built-in meter will produce an error or cause the Reader's built-in meter to not turn on or start a test. The Reader's built-in meter does not have ketone testing functionality.

- The Reader's built-in meter is not for use on people who are dehydrated, hypotensive, in shock, or for individuals in hyperglycemic-hyperosmolar state, with or without ketosis.
- The Reader's built-in meter is not for use on neonates, in critically-ill patients, or for diagnosis or screening of diabetes.
- See *Using the Reader's Built-in meter* section for additional important information on the use of the Reader's built-in meter.



What to know about charging your Reader:

- Always use the Abbott provided power adapter and yellow USB cable that came with your Reader to minimize the **risk of fire or burns**. Take care when plugging and unplugging your USB cable. Do not force or bend the end of the USB cable into the Reader's USB port.
- Choose a location for charging where you can easily access the power adapter and quickly disconnect to prevent the potential risk of electrical shock.

- The maximum surface temperature of the Reader could go as warm as 117°F. The maximum surface temperature of the power adapter when charging could go as warm as 129°F. Under these conditions, do not hold the Reader or the power adapter for five minutes or more. People with disorders of peripheral circulation or sensation should use caution at this temperature.
- Do NOT expose the USB cable or power adapter to water or other liquids as this may cause them to not function properly and may lead to **risk of fire or burns.**



How to store the Reader:

- Store the Reader between -4°F and 140°F. Storage in temperatures outside of this range, such as in a parked car on a hot day, may cause the Reader to not function properly.

Cautions - Sensor Use



What to know before you apply the Sensor:

- The Sensor inserts just under your skin. You may have some bruising or bleeding.
- Clean your hands before handling the Sensor Kit contents. This will help prevent infection.
- Carefully follow the instructions to prepare the application site on the back of your upper arm. This will help your Sensor stay on for the full wear time and not fall off early. Wash the site using a plain soap. Then, dry and clean with an alcohol wipe. This removes any oily residue and helps the Sensor stick. Allow the site to air dry before applying the Sensor.
- Only apply the Sensor to the back of your upper arm. The Sensor may not work properly in other areas. Avoid scars, moles, stretch marks, and lumps. Choose an area that stays mostly flat (no bending or folding) during your day. Keep at least 1 inch away from insulin injection sites.
- Change sites between Sensors so your skin can recover.



What to know about wearing a Sensor:

- Your Sensor's product insert tells you how long you can wear your Sensor. Remember to always have your next Sensor on hand before your current one ends so you can keep getting your glucose readings.
- If your Sensor stops working and you don't have another Sensor, use another method to check your glucose and make treatment decisions.
- The System can detect when the Sensor isn't working properly. It will shut your Sensor off and tell you to replace it. This may happen if the Sensor gets knocked off your body, or if there's a problem with it. Call us if you receive a Replace Sensor message before the end of your wear duration. Customer Service: 1-855-632-8658. Available 7 days a week, 8 a.m. to 8 p.m. Eastern Time; excluding holidays.
- Some people may be sensitive to the adhesive that keeps the Sensor attached to the skin. If you notice significant skin irritation around or under your Sensor, remove the Sensor. Contact your health care professional before continuing to use the System.
- Intense exercise may cause your Sensor to loosen due to sweat or Sensor movement. If the Sensor gets loose or its tip comes out of your skin, you may get no readings or unreliable low readings. Remove your Sensor and apply a new one. Don't attempt to reinsert the old one! Call us if any Sensor gets loose or falls off before the end of your wear time.

Customer Service: 1-855-632-8658. Available 7 days a week, 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

- Don't reuse Sensors. The Sensor and Sensor Applicator are designed for single use. Reuse may result in no glucose readings and infection. Not suitable for re-sterilization. Further exposure to irradiation may cause unreliable low results.
- If a Sensor breaks in your body, call your health care professional.



How to store the Sensor Kit:

- Store between 36°F and 82°F. Storing outside this range may cause inaccurate Sensor glucose readings.
- If you think that the temperature may exceed 82°F (for example, in an un-airconditioned home in summer), you should refrigerate your Sensor Kit. Don't freeze your Sensor Kit.
- Store in a cool, dry place. Don't store in a parked car on a hot day.
- Store between 10-90% non-condensing humidity.



When to remove the Sensor:

- If the Sensor is becoming loose or if its tip is coming out of your skin, you may get no readings. Or, you may get unreliable readings that don't match how you feel. Check to make sure your Sensor is not loose. If it's loose, remove it and apply a new one. Please call Customer Service.
- If you think your glucose readings are incorrect or don't match how you feel, do a blood glucose test on your finger to check your glucose. If the problem continues, remove the Sensor and apply a new one. Call Customer Service: 1-855-632-8658. Available 7 days a week, 8 a.m. to 8 p.m. Eastern Time; excluding holidays.



MRI safety information:

- You can safely have a 1.5T or 3T MRI exam while wearing your Sensor, under the conditions listed below. Injury may result if the conditions are not followed. Leave your phone and Reader outside of the exam room. Sensor readings may be inaccurate during the MRI, but System function returns fully back to normal after 1 hour.

Parameter	Condition
Device Name	Libre 3 or Libre 3 Plus Sensor
Static Magnetic Field Strength (B0)	1.5T and 3T
MR Scanner Type	Cylindrical
B0 Field Orientation	Horizontal
Maximum Spatial Field Gradient	40 T/m (4,000 G/cm)
Maximum Gradient Slew Rate	200 T/m/s per axis
RF Excitation	Circularly Polarized (CP)
RF Transmit Coil Type	Integrated Whole Body Transmit Coil
Operating Mode	Normal Operating Mode

Parameter	Condition
RF Conditions	Maximum Whole-body SAR: 2 W/kg
Scan Duration	1.5T scanners: Up to 1 hour of continuous scanning without cooling period.
	3T scanners: Up to 12 minutes of scanning between the pelvis and the sternum with a cooling period of 2 minutes between scans. Up to 1 hour of continuous scanning without cooling period when scanning elsewhere.
Scan Regions	All landmark locations are acceptable within the region-specific scan durations described above.
Image Artifact	The presence of a Libre 3 or Libre 3 Plus Sensor may produce an image artifact of 5.8 cm. Some manipulation of scan parameters may be needed to compensate for the artifact.
Device Functionality	Device readings may be inaccurate during active MRI scanning but device functionality fully returns to normal operation by 1 hour following MRI exposure.

Interfering Substances

Libre 3 Sensor

Taking Vitamin C supplements while wearing the Sensor may falsely raise Sensor glucose readings. Taking more than 500 mg of Vitamin C per day may affect the Sensor readings. This could cause you to miss a severe low glucose event. Vitamin C can be found in supplements including multivitamins. Some supplements, including cold remedies such as Airborne® and Emergen-C®, may contain high doses of 1000 mg of Vitamin C. These should not be taken while using the Sensor. See your health care professional to understand how long Vitamin C is active in your body.

Libre 3 Plus Sensor

Taking more than 1000 mg of Vitamin C per day may falsely raise your Sensor readings. This could cause you to miss a severe low glucose event. Vitamin C can be found in supplements including multivitamins and cold remedies such as Airborne® and Emergen-C®. See your health care professional to understand how long Vitamin C is active in your body.

Reader Symbols

Symbol	What It Means
	Active Sensor
    	Direction your glucose is going. See <i>Understanding Your Glucose Readings</i> section for more information.
	Caution
   	View previous/next screen
	Sound and Vibration ON
	Sound ON , Vibration OFF
	Sound OFF , Vibration ON
	Sound and Vibration OFF
	Sensor communicating with Reader
	Sensor not communicating with Reader

Symbol	What It Means
	When you see this symbol during the first 12 hours of wearing a Sensor, confirm Sensor glucose readings with a blood glucose test before making treatment decisions.
	Notes
	Add more information to notes
	Food note
	Insulin note
	Time changed on Reader
	Blood glucose test
	Settings
	Control solution test result
	Low battery
	Battery charging
	Sensor too cold
	Sensor too hot

Getting to Know Your System

IMPORTANT:

- Before you use your System, review all the product instructions in this User Manual and the Interactive Tutorial at www.FreeStyleLibre.com. Tips for Kids are there too if you need.
- The Quick Reference Guide gives you quick access to important aspects and limitations of the System.
- Talk to your health care professional about how you should use your Sensor glucose information to help manage your diabetes.
- During the first 12 hours of Sensor wear the  symbol will display, and you cannot use Sensor values to make treatment decisions during this time. Confirm Sensor glucose readings with a blood glucose test before making treatment decisions during the first 12 hours of Sensor wear when you see the  symbol.

When opening your Sensor Kit and Reader Kit, check that the contents are undamaged and that you have all parts listed. If any parts are missing or damaged, contact Customer Service. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Sensor Kit

The Sensor Kit includes:

- Sensor Applicator
- Product insert



Sensor Applicator

Applies the Sensor to your body.

The Sensor (only visible after applied) measures and stores glucose readings when worn on your body. By following the instructions, you use the Sensor Applicator to apply the Sensor on the back of your upper arm. The Sensor has a small, flexible tip that is inserted just under the skin. The Sensor can be worn for up to the wear duration specified by your Sensor insert.

Note: The Sensor Applicator is sterile and non-pyrogenic unless opened or damaged. Using a non-sterile or pyrogenic Sensor might cause infection.



Reader Kit

The Reader Kit includes:

- FreeStyle Libre 3 Reader
- Yellow USB Cable
- Power Adapter
- Reader User's Manual
- Reader Quick Start Guide
- Reader Quick Reference Guide

USB Port

Used to charge the Reader and connect it to a computer.

Test Strip Port

Insert a test strip here to use the built-in meter.

Touchscreen

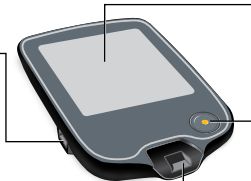
Home Button

Turns the Reader on/off and takes you to the Home Screen from any other screen.

Power Adapter

5V, 550mA or 0.55A

Yellow USB Cable



When they're in range, the Sensor and your Reader automatically communicate to give you glucose readings and alarms. All alarms are on by default. When the Sensor and your Reader are not in range or unable to communicate, the Sensor will store all your glucose data. This data is automatically sent from the Sensor to your Reader when back within range. The Reader also includes a built-in meter for blood glucose testing. To use the built-in meter, you need FreeStyle Precision Neo blood glucose test strips, control solution, a lancing device, and lancets. These items are not included in the Reader Kit and must be obtained separately from your FreeStyle Libre 3 System provider (pharmacy or mail order supplier). If you suspect an adverse cybersecurity event related to the FreeStyle Libre 3 System, contact Customer Service.

IMPORTANT:

- If the Reader is dropped or subjected to impact, do a Reader Test to check that it is still working properly. See *Perform a Reader Test* section for instructions.
- If the Reader becomes too hot to hold, do NOT use and contact Customer Service about replacing your Reader, yellow USB cable, and power adapter. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Reader Home Screen

The Reader Home Screen provides access to information about your glucose and the System. You can press the Home Button to get to the Home Screen.

Current time set on the Reader

Battery charge remaining

Sound/Vibration setting

Sensor Status

Information about your current Sensor.

Signal Status

Shows if Sensor is communicating with Reader.

View Glucose

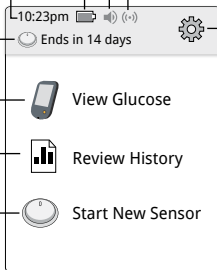
Touch to view your Sensor glucose.

Review History

Touch to review information about your past glucose readings.

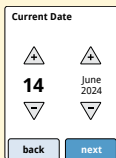
Start New Sensor

Touch to start a new Sensor.



Reader Setup

Step	Action
1	 Press the Home Button to turn on the Reader.
2	 If prompted, use the touchscreen to select your preferred language for the Reader. Touch OK to continue. Note: Use the pad of your finger. Do NOT use your fingernail or any other object on the screen.

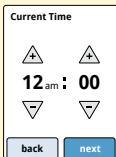
Step**Action****3**

Current Date

14 June 2024

back next

Set the **Current Date** using the arrows on the touchscreen. Touch **next** to continue.

4

Current Time

12 am : 00

back next

Set the **Current Time**. Touch **next** to continue.

CAUTION: It is very important to set the time and date correctly. These values affect the Reader data and settings.

5

The Reader now displays important information about key topics to help you use the System. Touch **next** after reviewing each screen. Touch **done** to go to the Home Screen.

Applying Your Sensor

CAUTION: Intense exercise may cause your Sensor to loosen due to sweat or movement of the Sensor. If the Sensor is becoming loose or if the Sensor tip is coming out of your skin, you may get no readings or unreliable low readings. Remove and replace your Sensor if it starts to loosen and follow the instructions to select an appropriate application site. Do not attempt to reinsert the Sensor. Contact Customer Service if your Sensor becomes loose or falls off before the end of the wear period. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

IMPORTANT: Before using your Sensor Applicator, make sure you have an alcohol wipe (70% isopropyl alcohol) on hand to prepare the application site. This is not included in the Sensor Kit.

Step

Action

1



Apply Sensors only on the back of your upper arm. If placed in other areas, the Sensor may not function properly and could give you inaccurate readings. Avoid areas with scars, moles, stretch marks, or lumps.

Select an area of skin that generally stays flat during your normal daily activities (no bending or folding). Choose a site that is at least 1 inch (2.5 cm) away from an insulin injection site. To prevent discomfort or skin irritation, you should select a different site other than the one most recently used.

2



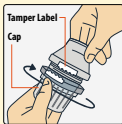
Wash application site using a plain soap, dry, and then clean with an alcohol wipe. This will help remove any oily residue that may prevent the Sensor from sticking properly. Allow site to air dry before proceeding.

Note: The area **MUST** be clean and dry following these instructions, or the Sensor may not stay on for the full wear duration specified by your Sensor insert.

Step

Action

3



Unscrew the cap from the Sensor Applicator and set the cap aside.

CAUTION:

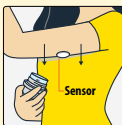
- Do NOT use if the Sensor Kit package or Sensor Applicator appear to be damaged or tamper label indicates Sensor Applicator has already been opened.
- Do NOT put cap back on as it may damage the Sensor.
- Do NOT touch inside Sensor Applicator as it contains a needle.

4



Place the Sensor Applicator over the prepared site and push down firmly to apply the Sensor to your body.

CAUTION: Do NOT push down on the Sensor Applicator until placed over prepared site to prevent unintended results or injury.

Step**Action****5**

Gently pull the Sensor Applicator away from your body. The Sensor should now be attached to your skin.

Note: Applying the Sensor may cause bruising or bleeding. If there is bleeding that does not stop, remove the Sensor and contact your health care professional.

6

Make sure the Sensor is secure after application. Put the cap back on the Sensor Applicator. Discard the used Sensor Applicator according to local regulations.

Starting Your Sensor

Before you start your Sensor, choose which device you want to use. If you start the Sensor with the Reader, you will be unable to use our compatible App to check your glucose or receive alarms.

Step	Action
1	 Press the Home Button to turn on the Reader.
2	 Touch Start New Sensor .

Step**Action****3**

Hold the Reader near the Sensor to scan it. This starts your Sensor. If sounds are turned on, the Reader beeps when the Sensor has been successfully activated. The Sensor can be used to check your glucose after 60 minutes.

Note: If the Sensor is not successfully scanned within 15 seconds, the Reader displays a prompt to scan the Sensor again. Touch **OK** to return to the Home Screen and touch **Start New Sensor** to scan your Sensor.

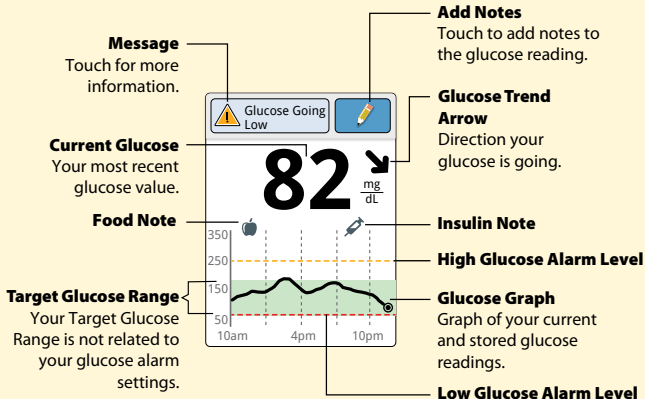
Checking Your Glucose

Step	Action
1	 OR  Turn the Reader on by pressing the Home Button or touch View Glucose from the Home Screen.
2	The Reader displays your current glucose reading. It includes your current glucose, a Glucose Trend Arrow indicating which way your glucose is going, and a graph of your current and stored glucose readings.

Step

Action

2 (cont.)



Note:

- The graph displays glucose readings above 350 mg/dL as 350 mg/dL. For sequential readings above 350 mg/dL, a line is displayed at 350 mg/dL. The current glucose number can be as high as 400 mg/dL.

Step	Action
2 (cont.)	• The ⌚ symbol may appear, indicating the Reader time was changed. Gaps in the graph may result or glucose readings may be hidden. • All available glucose data is used to make your graph so you can expect to see some differences between the graph line and previous current glucose readings. • Your results screen will not automatically update even if new data has arrived. Return to the Home Screen by pressing the Home Button and then touch View Glucose to update the results screen. • If you go out of range and return, the Sensor should reconnect with the Reader in an average of 30 seconds.

Understanding Your Glucose Readings

Glucose Trend Arrow

The Glucose Trend Arrow gives you an indication of the direction your glucose is going.



Glucose is rising quickly
(more than 2 mg/dL per minute)



Glucose is rising
(between 1 and 2 mg/dL per minute)



Glucose is changing slowly
(less than 1 mg/dL per minute)



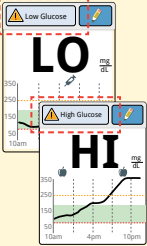
Glucose is falling
(between 1 and 2 mg/dL per minute)



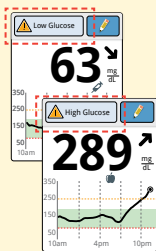
Glucose is falling quickly
(more than 2 mg/dL per minute)

Messages

The following table shows messages you may see with your glucose readings.

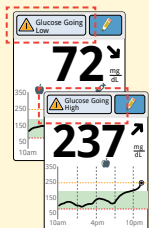
Display	What To Do
	If LO appears, your reading is lower than 40 mg/dL. If HI appears, your reading is higher than 400 mg/dL. You can tap the  symbol for more information. Check your blood glucose on your finger with a test strip. If you get a second LO or HI result after doing a blood glucose test, contact your health care professional immediately.

Display



What To Do

If your glucose is higher than 250 mg/dL or lower than 70 mg/dL, you will see a message on the screen. You can tap the  symbol for more information and set a reminder to check your glucose.



If your glucose is projected to be higher than 250 mg/dL or lower than 70 mg/dL within 15 minutes, you will see a message on the screen. You can tap the  symbol for more information and set a reminder to check your glucose.

Display



What To Do

During the first 12 hours of Sensor wear the  symbol will display, and you cannot use Sensor values to make treatment decisions during this time. Confirm Sensor glucose readings with a blood glucose test before making treatment decisions during the first 12 hours of Sensor wear when you see the  symbol.

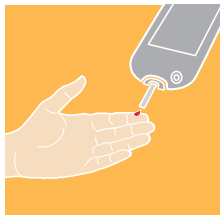
Note:

- If you are not sure about a message or reading, contact your health care professional before you do anything.
- Messages you receive with your glucose readings are not related to your glucose alarm settings.

Making Treatment Decisions

Work with your health care professional to put together a plan for managing your diabetes that includes when to use the System information for making treatment decisions. You should also talk to your health care professional about the best times to check your glucose. Consider checking your glucose before a period when you will not be monitoring your glucose, such as before driving, exercising or sleeping.

WARNING: The System can replace blood glucose testing except in the below situations. These are the times when you need to do a blood glucose test before deciding what to do or what treatment decision to make as Sensor readings may not accurately reflect blood glucose levels:



Do a blood glucose test if you think your glucose readings are not correct or do not match how you feel. Do not ignore symptoms that may be due to low or high glucose.

Do a blood glucose test when you see the  symbol during the first 12 hours of wearing a Sensor or the Sensor glucose reading does not include a current glucose number.

Making Treatment Decisions – Getting Started

Before you start using the System for treatment decisions, make sure you have a good understanding of how the System works for your body.

Continue to use your blood glucose meter for treatment decisions until you are comfortable with the information you receive from your System. This includes understanding that: Sensor performance can vary in between Sensors, within a Sensor wear period (duration specified by your Sensor insert), and in different situations. There may be variations between Sensors during the first 12 hours after insertion, so pay attention to how each newly inserted Sensor is working for you when deciding whether to make treatment decisions based on your Sensor readings.

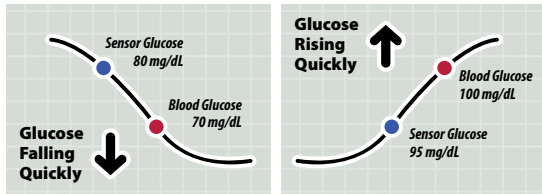
Getting familiar with the System could take days, weeks, or even months. The more you check readings from the System with a blood glucose meter, the better you will understand how the System works for you.

Work with your health care professional to put together a plan for managing your diabetes that includes when to use the System information for making treatment decisions.

Helpful Tips

- Confirm your Sensor glucose readings with a blood glucose meter until you understand:
 - Sensor accuracy may vary between Sensors.
 - Sensor accuracy may vary during a Sensor wear session.
 - Sensor accuracy may vary in different situations (meals, exercise, first day of use, etc.).
- Check your glucose often to see how carbs, medication, exercise, illness, or stress levels impact your Sensor glucose readings. The information you get can help you figure out why your glucose sometimes goes too high or too low, and how to prevent it from doing so in the future.
- Talk to your health care professional about how your insulin works. The more you understand about your insulin, including how long it takes to start working and how long it lasts in your body, the more likely you will be to make better treatment decisions.
- Making a treatment decision doesn't just mean taking insulin. Treatment decisions can also include things like taking fast-acting carbs, eating, or even doing nothing and checking again later.

- Your health care professional can also help you to understand when doing nothing and checking again later is the right treatment decision. For example, if your glucose is high and going up, your first instinct may be to take more insulin to lower your glucose, however depending on when you last took insulin or your recent activity, the right treatment decision may be to do nothing and check again later. Avoid “insulin stacking”.
- Sensor glucose values, which are based on interstitial fluid glucose levels, can be different from blood glucose levels (fingersticks), particularly during times when your blood glucose is changing quickly. If your glucose readings and alarms from the System do not match your symptoms or expectations, use a fingerstick blood glucose value from a blood glucose meter to make diabetes treatment decisions.



When not to use Sensor Glucose readings for treatment decisions

No current glucose number

When there is no current glucose number, such as when you receive an error message or a LO or HI result, you don't have enough information to make a treatment decision. Do a blood glucose test and treat based on that result.

When you see the symbol during the first 12 hours of wearing a Sensor

During the first 12 hours of Sensor wear the  symbol will display, and you cannot use Sensor values to make treatment decisions during this time. Confirm Sensor glucose readings with a blood glucose test before making treatment decisions during the first 12 hours of Sensor wear when you see the  symbol.

Think your readings are incorrect?

Don't trust Sensor glucose readings that you think may be incorrect or that don't match what you would expect based on your recent activity. For example, if you ate dinner but forgot to take insulin before eating, you would expect your glucose to be high. If your glucose reading is low, then it doesn't match your recent activity, so don't use it to make treatment decisions. Don't make treatment decisions if you think your Sensor glucose readings are incorrect. Do a blood glucose test and treat based on that result.

Symptoms don't match readings

There may be times when your symptoms don't match your Sensor glucose readings. For example, you are feeling shaky, sweaty, and dizzy – symptoms you generally get when you have low glucose, but your glucose reading is within your target range. When symptoms don't match readings, do a blood glucose test and treat based on that result. Don't ignore symptoms that may be due to low or high blood glucose.

If you're the caregiver, pay attention to times when the symptoms of the one you're caring for don't match their Sensor glucose readings. When symptoms don't match readings, do a blood glucose test and treat based on that result.

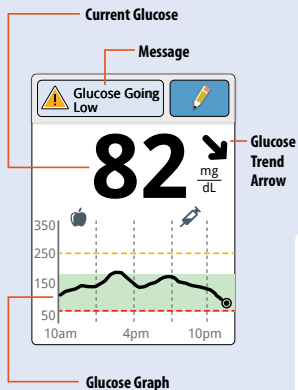
When to do nothing and check again later

Your health care professional can help you understand when doing nothing and checking again later is the right treatment decision. For example, if your glucose is high and going up, your first instinct may be to take more insulin to lower your glucose, however depending on when you last took insulin or your recent activity, the right treatment decision may be to do nothing and check again later.

Don't take a correction dose within 2 hours of your meal dose. This may result in "insulin stacking" and low glucose.

Using Your Glucose Reading to Make a Treatment Decision

After you check your glucose, use all of the information on the screen when deciding what to do or what treatment decision to make.



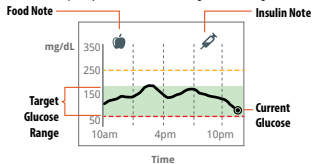
Glucose Trend Arrow

Direction your glucose is going

Arrow	What it means
↑	Glucose rising quickly
↗	Glucose rising
→	Glucose changing slowly
↘	Glucose falling
↓	Glucose falling quickly

Glucose Graph

Graph of your current and stored glucose readings



This table provides some information on how you can factor the Glucose Trend Arrow into your treatment decisions. Remember that you should never make a treatment decision based on the Glucose Trend Arrow alone.

Glucose Trend Arrow	Treatment Decision Considerations		
	Low Glucose (< 70 mg/dL)	Glucose in Target Range	High Glucose (> 250 mg/dL)
	Treat low glucose according to your health care professional's recommendation.	If you are about to eat, take insulin to cover your meal. Consider taking a little more since glucose is rising quickly. If you have taken insulin recently, do nothing and check again later. Avoid "insulin stacking".	If you are about to eat, take insulin to cover your meal. Consider taking a little more since glucose is high and rising quickly. If this is between meals, consider taking an insulin correction dose, unless you have taken insulin recently. If you have taken insulin recently, do nothing and check again later. Avoid "insulin stacking".

Glucose Trend Arrow	Treatment Decision Considerations		
	Low Glucose (< 70 mg/dL)	Glucose in Target Range	High Glucose (> 250 mg/dL)
	Treat low glucose according to your health care professional's recommendation.	If you are about to eat, take insulin to cover your meal. Consider taking a little more since glucose is rising. If you have taken insulin recently, do nothing and check again later. Avoid "insulin stacking".	If you are about to eat, take insulin to cover your meal. Consider taking a little more since glucose is high and rising. If this is between meals, consider taking an insulin correction dose, unless you have taken insulin recently. If you have taken insulin recently, do nothing and check again later. Avoid "insulin stacking".

Glucose Trend Arrow	Treatment Decision Considerations		
	Low Glucose (< 70 mg/dL)	Glucose in Target Range	High Glucose (> 250 mg/dL)
➔	Treat low glucose according to your health care professional's recommendation.	If you are about to eat, take insulin to cover your meal. If this is between meals, do nothing and check again later.	If you are about to eat, take insulin to cover your meal. Consider taking a little more since glucose is high. If this is between meals, consider taking an insulin correction dose, unless you have taken insulin recently. If you have taken insulin recently, do nothing and check again later. Avoid "insulin stacking".

Glucose Trend Arrow	Treatment Decision Considerations		
	Low Glucose (< 70 mg/dL)	Glucose in Target Range	High Glucose (> 250 mg/dL)
	Treat low glucose according to your health care professional's recommendation.	If you are about to eat, take insulin to cover your meal. Consider taking a little less since glucose is falling. If this is between meals, consider eating a snack or fast-acting carbohydrates to stay within target and check again later.	If you are about to eat, take insulin to cover your meal. Consider taking a little less since glucose is falling. If this is between meals, consider doing nothing and check again later. Avoid "insulin stacking".

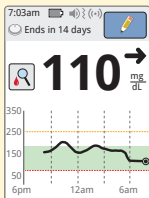
Glucose Trend Arrow	Treatment Decision Considerations		
	Low Glucose (< 70 mg/dL)	Glucose in Target Range	High Glucose (> 250 mg/dL)
	Treat low glucose according to your health care professional's recommendation.	If you are about to eat, take insulin to cover your meal. Consider taking a little less since glucose is falling quickly. If this is between meals, consider eating a snack or fast-acting carbohydrates to stay within target and check again later.	If you are about to eat, take insulin to cover your meal. Consider taking a little less since glucose is falling quickly. If this is between meals, consider doing nothing and check again later. Avoid "insulin stacking".

Example Scenarios

Here are some example scenarios to help you understand how to use the information on your screen. Always use all of the information on the screen before deciding what to do or what treatment decision to make. If you are not sure about what to do, consult your health care professional.

What you see

When you wake-up:



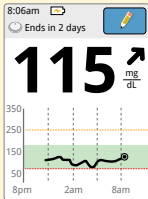
What it means

When you wake-up on your first day of wearing a Sensor, your current glucose is 110 mg/dL. There is also the  symbol on the screen.

During the first 12 hours of Sensor wear the  symbol will display, and you cannot use Sensor values to make treatment decisions during this time. Confirm Sensor glucose readings with a blood glucose test before making treatment decisions during the first 12 hours of Sensor wear when you see the  symbol.

What you see

Before breakfast:



What it means

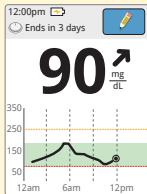
Before breakfast, your current glucose is 115 mg/dL. The graph shows that your glucose is going up and so does the trend arrow .

Consider what might be causing your glucose to go up and what you might do to prevent a high glucose. For example:

- How much insulin should you take before your meal?
- Since you see , should you consider taking a little more insulin?

What you see

Before lunch:

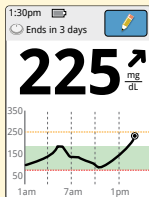


What it means

When you checked your glucose before lunch, it was 90 mg/dL and rising. Before eating lunch, you took enough insulin to cover the meal and a little more since your trend arrow was **↗**.

What you see

After lunch:



What it means

90 minutes later, your current glucose is 225 mg/dL. The graph shows that your glucose is still going up, and so does the trend arrow .

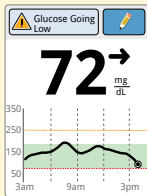
Don't take a correction dose within 2 hours of your meal dose. This may result in “insulin stacking” and low glucose.

Consider what might be causing your glucose to go up and what you might do to prevent a high glucose. For example:

- Has the insulin you took for your meal reached its full effect?
- Check your glucose again later.

What you see

In the afternoon:



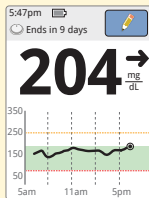
What it means

Between meals, your current glucose is 72 mg/dL. The Glucose Going Low message tells you that your glucose is projected to be low within 15 minutes.

Think about what might be causing your glucose to go low. Consider eating a snack to stay within target. **Avoid taking insulin as this can cause low glucose.**

What you see

After exercising:



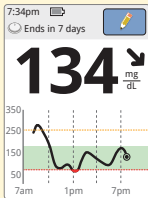
What it means

After exercising, you are feeling shaky, sweaty, and dizzy – symptoms you generally get when you have low glucose. But, your current glucose is 204 mg/dL.

Anytime you get a reading that doesn't match how you feel, do a blood glucose test.

What you see

Before dinner:



What it means

Before dinner, your current glucose is 134 mg/dL. The graph shows that your glucose is going down and so does the trend arrow ↘.

Consider what might be causing your glucose to go down and what you might do to prevent a low glucose. For example:

- How much insulin should you take to cover your meal?
- Since you see ↘, should you think about taking a little less insulin?

Other considerations

Deciding how much rapid-acting insulin to take for different meals and situations can be difficult. Work with your health care professional to discuss different situations and what might work best for you. Here are some questions to consider:

Meal dosing

- What do you do if your before meal glucose is high?
- What do you do if your before meal glucose is low?
- How much time do you wait to eat after taking your meal insulin?
- Do you adjust the amount of meal insulin based on the number of carbs or how much you are planning to eat?
- Do you adjust your meal insulin dose for high fat foods such as pizza?
- Do you know how to adjust your insulin doses when drinking alcoholic beverages?

High glucose corrections

- Do you take extra insulin if your glucose is high?
- How do you decide how much insulin to take for a high glucose?
- How long do you wait between insulin doses to avoid insulin stacking?

Bedtime

- How often do you check your glucose before bed?
- What do you consider a safe bedtime glucose?
- What do you do if your bedtime glucose is high?
- What do you do if your bedtime glucose is low?
- When should you eat a bedtime snack?
- What do you do if your before meal glucose is high?
- What do you do if your before meal glucose is low?

Other factors

- How do you adjust your insulin dose based on the Glucose Trend Arrow?
- How do you adjust your insulin dose for different types of exercise or activities?
- How do you adjust your insulin doses for stress?
- How do you adjust your insulin doses for illness?

Reader Alarms

When in range of the Reader, your Sensor automatically communicates with the Reader to give you Low and High Glucose Alarms. These alarms are on by default. Please read all the information in this section before setting and using alarms.

IMPORTANT: Glucose alarms are an important safety feature for some people. For example, those that have impaired awareness of hypoglycemia or a history of severe hypoglycemia. Before you turn alarms off or change their settings, please consult your health care professional.

CAUTION:

- For you to receive alarms, they must be on and your Reader should be within 33 feet of you at all times. The transmission range is 33 feet unobstructed. If you are out of range, you may not receive glucose alarms.
- To prevent missed alarms, make sure the Reader has sufficient charge and that sound and/or vibration are turned on.

IMPORTANT: What to know about glucose alarms

- Check your glucose often. If you get a Low or High Glucose Alarm, you must obtain a glucose result to determine what to do next.
- The Low and High Glucose Alarms should not be used exclusively to detect low or high glucose conditions. The glucose alarms should always be used along with your current glucose, Glucose Trend Arrow, and glucose graph.
- Low and High Glucose Alarm levels are different from your Target Glucose Range values. Low and High Glucose Alarms tell you when your glucose has passed the level you set in the alarm. Your Target Glucose Range is displayed on glucose graphs on the Reader and used to calculate your Time In Target.

IMPORTANT: How to prevent missed alarms

- Alarms must be kept on for you to receive them and you should ensure that your Reader is within 33 feet of you at all times. The Sensor itself will not issue alarms.
- **If the Sensor is not communicating with the Reader, you will not receive glucose alarms, and you may miss detecting low glucose or high glucose episodes.** You will see the  symbol on the Home Screen when the Sensor is not communicating with the Reader. Make sure the Signal Loss Alarm is on so you will be notified if your Sensor has not communicated with the Reader for 20 minutes.
- Make sure the Reader's sound and/or vibration settings are on and your Reader is near you. The Home Screen indicates the sound/vibration setting when any alarm is on:

 Sound and Vibration **ON**

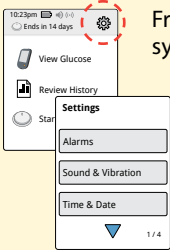
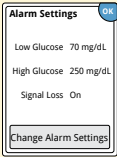
 Sound **ON**, Vibration **OFF**

 Sound **OFF**, Vibration **ON**

 Sound and Vibration **OFF**

Setting Reader Alarms

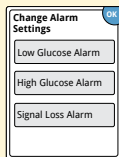
Work with your health care professional to determine your alarm settings.

Step	Action
1	From the Home Screen, touch the Settings symbol . Touch Alarms. 
2	Touch Change Alarm Settings. 

Step

Action

3



Select the alarm you want to set or turn off.

CAUTION: If alarms are turned off, you will not get a notification when you have low glucose or high glucose.

Low Glucose Alarm: Notifies you when your glucose is below the level you set.

High Glucose Alarm: Notifies you when your glucose is above the level you set.

Signal Loss Alarm: Notifies you when your Sensor is not communicating with the Reader and that you will not receive Low or High Glucose Alarms.

Alarm

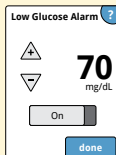
Low Glucose Alarm

How to Set

The Low Glucose Alarm is on by default.

The alarm level is initially set to 70 mg/dL. You can use the arrows to change this value between 60 mg/dL and 100 mg/dL. If the alarm is on, you will be notified when your glucose falls below the level you set. Touch the slider to turn the alarm off.

Touch **done** to save.



Alarm

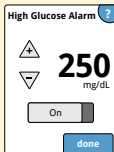
How to Set

High Glucose Alarm

The High Glucose Alarm is on by default.

The alarm level is initially set to 250 mg/dL. You can use the arrows to change this value between 120 mg/dL and 400 mg/dL. If the alarm is on, you will be notified when your glucose rises above the level you set. Touch the slider to turn the alarm off.

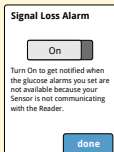
Touch **done** to save.



Signal Loss Alarm

If the alarm is on, you will be notified when your Sensor has not communicated with your Reader for 20 minutes and you are not receiving Low or High Glucose Alarms. Touch the slider to turn the alarm off.

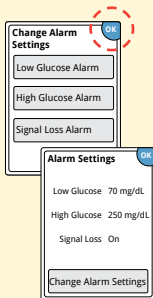
Touch **done** to save.



Step

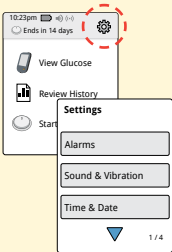
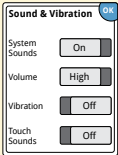
4

Action



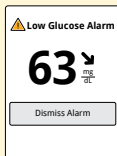
When you are finished setting your alarms, touch **OK**. The Alarms Settings screen now shows your current alarm settings. Touch **OK** to return to the main Settings menu, or touch **Change Alarm Settings** to make additional updates.

Setting Reader Alarm Sounds

Step	Action
1	From the Home Screen, touch the Settings symbol . Touch Sound & Vibration to change the alarm sounds. 
2	Touch the sound or vibration setting you would like to change. Note: These settings apply to the alarms as well as other Reader functions. Touch OK to save. 

Using Reader Alarms

What you See



What it Means

The Low Glucose Alarm notifies you if your glucose drops below the level you set.

Touch **Dismiss Alarm** or press the Home Button to dismiss the alarm. You will only receive one alarm per low glucose episode.



The High Glucose Alarm notifies you if your glucose rises above the level you set.

Touch **Dismiss Alarm** or press the Home Button to dismiss the alarm. You will only receive one alarm per high glucose episode.

What you See



What it Means

The Signal Loss Alarm notifies you if your Sensor has not communicated with the Reader for 20 minutes and you are not receiving Low or High Glucose Alarms. Signal loss could be caused by the Sensor being too far away from the Reader (over 33 feet) or another issue such as an error or problem with your Sensor or Reader.

Touch **Dismiss Alarm** or press the Home Button to dismiss the alarm. You will only receive one alarm per signal loss episode.

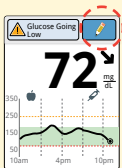
Note: If you ignore an alarm, you will receive it again in 5 minutes if the condition still exists.

Adding Notes to Glucose Readings

Notes can be saved with your glucose readings to help you track things like food, insulin, and exercise. You can add a note at the time of your glucose reading or within 15 minutes after your reading was obtained.

Step

1



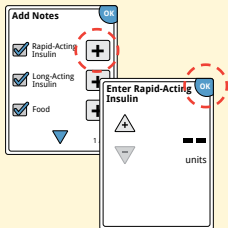
Action

From the Glucose Reading screen, add notes by touching the  symbol in the upper right corner of the touchscreen. If you do not want to add notes, you can press the Home Button to go to the Home Screen or hold the Home Button to turn the Reader off.

Step

Action

2

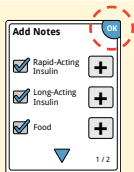


Select the checkbox next to the notes you would like to add. Touch the down arrow to view other note options. After you check the box for food and insulin notes, the  symbol appears to the right of the note. You can touch it to add more specific information to your note. Then touch **OK**.

- Insulin notes: Enter the number of units taken.
- Food notes: Enter grams or serving information.

Note: Food  and insulin  notes are shown on your glucose graphs and in your Logbook as symbols.

3



Touch **OK** to save your notes.

You can review your notes from the Logbook. See *Reviewing Your History* section for more information.

Reviewing Your History

Reviewing and understanding your glucose history can be an important tool for improving your glucose control. The Reader stores about 90 days of information and has several ways to review your past glucose readings, notes, past alarm data, and other information.

IMPORTANT:

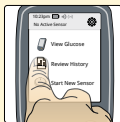
- Work with your health care professional to understand your glucose history.
- Remember that the Reader does not share data with our compatible App.

Step	Action
1	 Press the Home Button to turn on the Reader.

Step

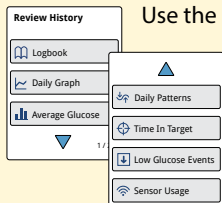
Action

2



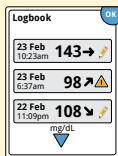
Touch the **Review History** icon.

3



Use the arrows to view the available options.

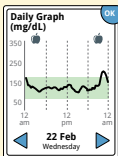
Logbook



The Logbook contains entries for notes you added as well as each time you received an Urgent Low, Low, or High Glucose Alarm. If you entered Notes with a glucose reading, the  symbol appears in that row. For more information about the symbols, see *Reader Symbols* section.

Touch the entry to review the detailed information, including any Notes you entered.

Daily Graph



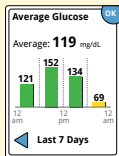
A graph of your Sensor glucose readings by day. The graph shows your Target Glucose Range and symbols for notes you have entered.

Note:

- While Sensor glucose readings are gathered in the System range of 40-400 mg/dL, the Daily Graph display range is 0-350 mg/dL for ease of review on screen. Glucose readings above 350 mg/dL are displayed as 350 mg/dL. For sequential readings above 350 mg/dL, a line is displayed at 350 mg/dL.
- The ⌚ symbol may appear indicating the Reader time was changed. Gaps in the graph may result or glucose readings may be hidden.

Other History Options

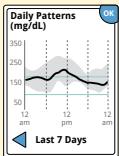
Use the arrows to view information about your last 7, 14, 30, or 90 days.



Average Glucose

Information about the average of your Sensor glucose readings. The overall average for the time is displayed above the graph. The average is also shown for four different 6-hour periods of the day.

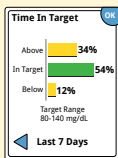
Readings above or below your Target Glucose Range are yellow, while readings in range are green.



Daily Patterns

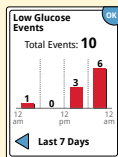
A graph showing the pattern and variability of your Sensor glucose over a typical day. The thick black line shows the median (midpoint) of your glucose readings. The gray shading represents a range (5-95 percentiles) of your Sensor readings.

Note: Daily Patterns needs at least 5 days of glucose data.



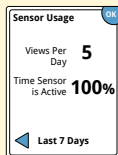
Time In Target

A graph showing the percentage of time your Sensor glucose readings were above, below, or within certain glucose ranges. The graph is based on your Target Glucose Range.



Low Glucose Events

Information about the number of low glucose events measured by your Sensor. A low glucose event is recorded when your Sensor glucose reading is lower than 70 mg/dL for 15 minutes or longer. The total number of events is displayed above the graph. The bar graph displays the low glucose events in four different periods of the day.



Sensor Usage

Information about how often you viewed your Sensor glucose readings and how much information has been captured from your Sensor.

Removing Your Sensor

Step	Action
1	 Pull up the edge of the adhesive that keeps your Sensor attached to your skin. Slowly peel away from your skin in one motion. Note: Any remaining adhesive residue on the skin can be removed with warm soapy water or isopropyl alcohol.
2	Discard the used Sensor following directions from your health care professional. See <i>Maintenance and Disposal</i> section. When you are ready to apply a new Sensor, follow the instructions in <i>Applying Your Sensor</i> and <i>Starting Your Sensor</i> sections. If you removed your last Sensor before it ended, go to "Start New Sensor"))) in the menu to start the new one. You will be prompted to confirm that you would like to start a new Sensor. Note: After removing your Sensor you may observe a slight bump at the insertion site. This goes away quickly, usually in a day or two.

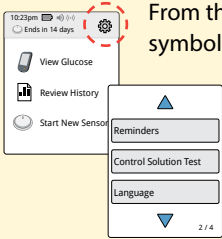
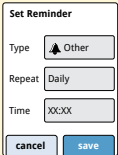
Replacing Your Sensor

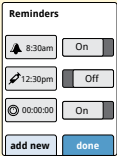
Your Sensor automatically stops working after the wear duration and must be replaced. You should also replace your Sensor if you notice any irritation or discomfort at the application site or if your Reader reports a problem with the Sensor currently in use. Taking action early can keep small problems from turning into larger ones.

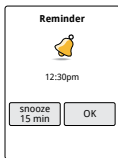
CAUTION: If the Sensor is becoming loose or if the Sensor tip is coming out of your skin, you may get no readings or unreliable readings, which may not match how you feel. Check to make sure your Sensor has not come loose. If it has come loose, remove it, apply a new one, and contact Customer Service. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Using Reminders

You can create single or repeating reminders to help you remember things like checking your glucose or taking insulin. You can also set a reminder to remind you to check your alarm settings if you have turned off any of your alarms temporarily.

Step	Action
1	A screenshot of an iPhone home screen. At the top, the status bar shows 10:23pm, battery level, and signal strength. Below the status bar, there's a notification for 'Ends in 14 days'. The home screen has four app icons: 'View Glucose', 'Review History', 'Start New Sensor', and 'Settings'. The 'Settings' icon is circled in red. A scrollable menu is shown over the 'Settings' icon, with 'Reminders' selected. The menu also shows 'Control Solution Test' and 'Language'. At the bottom of the menu, it says '2 / 4'. From the Home Screen, touch the Settings symbol  . Scroll down using the arrow and touch Reminders.
2	A screenshot of the 'Set Reminder' screen. It has a title 'Set Reminder'. Below the title, there are three rows: 'Type' with a dropdown menu showing 'Other', 'Repeat' with a dropdown menu showing 'Daily', and 'Time' with a text field showing 'XX:XX'. At the bottom, there are two buttons: 'cancel' and 'save'. Touch to select which Type of reminder you want to set: Check Glucose, Take Insulin, or Other, which is a general reminder to help you remember something.

Step	Action
3	Touch to select how often you want the reminder to Repeat: Once, Daily, or Timer. Note: You can set the reminders for a specific time (e.g. 8:30 am) or as a timer (e.g. 3 hours from the current time).
4	Set the reminder Time using the arrows on the touchscreen. Touch save.
5	 From the Reminders screen, you can turn the reminder On/Off or add new reminders. Touch done to return to the Home Screen.



You will get your reminder even if the Reader is turned off. Touch **OK** to dismiss your reminder or **snooze** to be reminded again in 15 minutes.

Note: Reminders will not appear if the Reader is connected to a computer.

Using the Reader's Built-in Meter

The Reader has a built-in meter that can be used to test your blood glucose, or to test the meter and strips with control solution.

WARNING: Do NOT use the built-in meter while the Reader is connected to an electrical outlet or a computer due to the potential risk of electrical shock.

Intended Use

The FreeStyle Libre 3 Reader's built-in meter is for use outside the body only (*in vitro* diagnostic use) in the quantitative measurement of glucose in fresh whole blood for self testing by lay users from the fingers. It is not intended to be used for testing neonatal blood samples or for the diagnosis or screening of diabetes.

The FreeStyle Libre 3 Reader's built-in meter is indicated for the home (lay) user in the management of patients with diabetes. It is intended to be used by a single person and should not be shared.

The FreeStyle Precision Neo Blood Glucose Test Strips are for use with the FreeStyle Libre 3 Reader's built-in meter to quantitatively measure glucose (sugar) in fresh capillary whole blood samples drawn from the fingertips.

IMPORTANT:

- Use only FreeStyle Precision Neo test strips. Other test strips may produce inaccurate results.
- Read all the instructions in this section. Failure to follow instructions may cause incorrect blood glucose results. Practice the testing procedures before using the Reader's built-in meter.
- Read the test strip instructions for use before performing your first blood glucose test as they contain important information. They also let you know how to store and handle the test strips and give you information about sample types.
- The Reader's built-in meter is not for use on people who are dehydrated, hypotensive, in shock, or for individuals in hyperglycemic-hyperosmolar state, with or without ketosis.
- The Reader's built-in meter is not for use on neonates, in critically-ill patients, or for diagnosis or screening of diabetes.
- Follow your health care professional's advice when testing blood glucose levels.
- Severe dehydration (excessive water loss) may cause false low test strip results. If you believe you are suffering from dehydration, consult your health care professional right away.

IMPORTANT: (cont.)

- Inaccurate test strip results may occur in severely hypotensive individuals or patients in shock.
- Inaccurate test strip results may occur for individuals experiencing a hyperglycemic-hyperosmolar state, with or without ketosis.
- Observe caution when using around children. Small parts may constitute a choking hazard.
- You should clean and disinfect the Reader once per week. The Reader should also be cleaned and disinfected prior to being handled by any person providing testing assistance to the user.
- The Reader is for use by a single person. It must not be used on more than one person including other family members due to the risk of spreading infection. All parts of the Reader are considered biohazardous and can potentially transmit infectious diseases, even after performing the cleaning and disinfection procedure.^{1,2}
- Use the Reader's built-in meter within the test strip operating temperature range (59°F – 104°F) or you will see Error Message E-1.
- Use a test strip immediately after removing from its foil packet.
- Only use a test strip once.

IMPORTANT: (cont.)

- Do not put urine on the test strip.
- Do not use expired test strips as they may cause inaccurate results.
- Do not use at altitudes higher than 10,000 feet above sea level.
- Do not use a wet, bent, scratched, or damaged test strip.
- Do not use the test strip if the foil packet has a hole or is torn.
- Results from the built-in meter are shown only in your Logbook and not in other history options.
- Refer to your lancing device instructions for use for how to use your lancing device.
- This device is not intended for use with multiple patients in health care or assisted-use settings such as hospitals, physician offices, or long-term care facilities because it has not been cleared by FDA for use in these settings, including for routine assisted testing or as part of glycemic control procedures. Use of this device on multiple patients may lead to transmission of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), or other bloodborne pathogens.

Blood Glucose Testing

You can use the built-in meter to check your blood glucose, whether you are wearing a Sensor or not. Be sure to read the test strip instructions for use prior to using the built-in meter.

Step	Action
1	 CAUTION: Test on your fingers in accordance with the Intended Use in this section. Wash your hands with warm soapy water for accurate results. Thoroughly dry your hands. To warm the site, apply a warm dry pad or rub vigorously for a few seconds. Note: Do not use lotion or cream on the test site. Avoid moles, veins, bones, and tendons. Bruising may occur at the test site. If you get a bruise, consider selecting another site.

Step	Action
2	Check the test strip expiration date. Do not use expired test strips as they may give inaccurate results.
3	Open the foil test strip packet at the notch and tear down to remove the test strip. Use the test strip immediately after removing from the foil packet.
4	Insert the test strip with the three black lines at the end facing up. Push the strip in until it stops. Note: The Reader's built-in meter turns off after 2 minutes of inactivity.

Step

Action

5



Use your lancing device to obtain a blood drop and apply blood to the white area at the end of the test strip. Refer to your lancing device instructions for use if you need help using your lancing device.

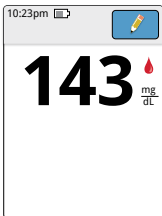
If sounds are turned on, the Reader beeps once to let you know you have applied enough blood.

You will see a butterfly on the screen while you wait for your result. Do not remove the test strip while the butterfly is on the screen. If sounds are turned on, the Reader beeps once when your result is ready.

If the butterfly does not appear, you may not have applied enough blood to the test strip. Apply a second drop of blood to the test strip within 5 seconds of the first drop. If the butterfly still does not appear or if more than 5 seconds have passed, discard the test strip. Turn off the Reader and repeat the steps in this section with a new test strip.

Step	Action
5 (cont.)	Note: • E-3 means the blood drop is too small, or incorrect test procedure, or there may be a problem with the test strip. • E-4 means the blood glucose level may be too high to be read by the system or there may be a problem with the test strip. See <i>Troubleshooting</i> section for more information.
6	After reviewing your result, remove and discard the used test strip according to local regulations.

IMPORTANT: After performing a blood glucose test, wash your hands with soap and water and thoroughly dry them.



Example Screen Only

Your Blood Glucose Results

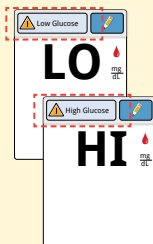
Blood glucose results are marked on the results screen and in the Logbook with the  symbol.

Note: Contact your health care professional if you have symptoms that do not match your test results.

IMPORTANT: The built-in meter displays results from 20 - 500 mg/dL. Low or high blood glucose results can indicate a potentially serious medical condition.

The normal glucose level for a non-diabetic adult is below 100 mg/dL when fasting, and less than 140 mg/dL within two hours of a meal.³ Consult your health care professional to determine the range that is appropriate for you.

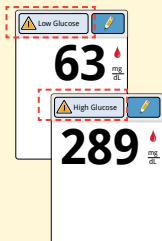
Display



What To Do

If **LO** appears on the Reader, your result is lower than 20 mg/dL. If **HI** appears on the Reader, your result is higher than 500 mg/dL. You can touch the message button for more information. Check your blood glucose again with a test strip. If you get a second **LO** or **HI** result, contact your health care professional **immediately**.

Display



What To Do

If your glucose is higher than 250 mg/dL or lower than 70 mg/dL, you will see a message on the screen. You can touch the message button for more information and set a reminder to check your glucose.

After you get your blood glucose result, you can add Notes by touching the  symbol. If you do not want to add a Note, press the Home Button to go to the Home Screen or hold the Home Button to turn the Reader off.

IMPORTANT: You should clean and disinfect your Reader once per week. Refer to the *Maintenance and Disposal* section for instructions.

Accuracy of the Reader's built-in meter

Results from the Reader's built-in meter may vary slightly from your actual blood glucose value. This may be due to slight differences in technique and natural variation in test technology. The table below shows the results of a study where 119 typical users used the built-in meter to check their blood glucose level. For example, in the study, the built-in meter gave results within 15% of true blood glucose level 115 out of 119 times.

Accuracy results for all glucose concentrations

Difference range between the true blood glucose level and the built-in meter result	Within ± 5 mg/dL and 5%	Within ± 10 mg/dL and 10%	Within ± 15 mg/dL and 15%	Within ± 15 mg/dL and 20%
The number and percent that match true blood glucose level within X%	68/119 (57.1%)	105/119 (88.2%)	115/119 (96.6%)	116/119 (97.5%)

Control Solution Testing

You should do a control solution test when you are not sure of your test strip results and want to check that your Reader's built-in meter and test strips are working properly.

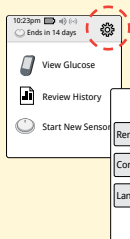
IMPORTANT:

- Control solution results should fall within the control solution range printed on the test strip instructions for use.
- Do NOT use control solution past the expiration date. Discard control solution 3 months after opening or on the expiration date printed on the bottle, whichever comes first. (Example: open April 15, discard July 15; write the discard date on the side of the bottle.).
- The control solution range is a target range for control solution only, not for your blood glucose results.
- The control solution test does not reflect your blood glucose level.
- Use only MediSense (low, medium or high) Glucose and Ketone Control Solution with the Reader's built-in meter.
- Check that the LOT number printed on the test strip foil packet and instructions for use match.
- Replace the cap securely on the bottle immediately after use.
- Do NOT add water or other liquid to the control solution.
- Contact your FreeStyle Libre 3 System provider (pharmacy or mail order supplier) for how to obtain control solution.

Step

Action

1



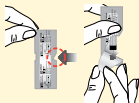
From the Home Screen, touch the Settings symbol  .

Scroll down using the arrow and touch **Control Solution Test**.

2

Check the test strip expiration date.

3



Open the foil test strip packet at the notch and tear down to remove the test strip.

Step**Action****4**

Insert the test strip with the three black lines facing up. Push the strip until it stops.

Note: The Reader's built-in meter turns off after 2 minutes of inactivity.

5

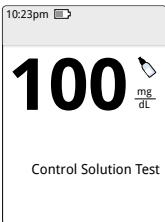
Shake the control solution bottle to mix the solution. Apply a drop of control solution to the white area at the end of the test strip.

If sounds are turned on, the Reader beeps once to let you know that you have applied enough control solution.

Step**Action****5**
(cont.)

You will see a butterfly on the screen while you wait for the result. Do not remove the test strip while the butterfly is on the screen. If sounds are turned on, the Reader beeps once when the result is ready.

If the butterfly does not appear, you may not have applied enough control solution to the test strip. Apply a second drop of control solution to the test strip within 5 seconds of the first drop. If the butterfly still does not appear or if more than 5 seconds have passed, discard the test strip. Turn off the Reader and repeat the steps in this section with a new test strip.



Control Solution Results

Compare the control solution result to the range printed on the test strip instructions for use. The result on your screen should be in this range.

Control solution results are marked on the results screen and in the Logbook with a  symbol.

Example Screen Only

Note: Repeat the control solution test if the results are outside of the range printed on the test strip instructions for use. Stop using the built-in meter if the control solution results are repeatedly outside of the printed range. Contact Customer Service. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Living With Your System

Activities

Activity	What You Need To Know
Bathing, Showering, and Swimming	CAUTION: Do NOT place the Reader in water or other liquids as this may cause it to not function properly and may lead to risk of fire or burns. Your Sensor is water-resistant and can be worn while bathing, showering, or swimming. Note: Do NOT take your Sensor deeper than 3 feet (1 meter) or immerse it longer than 30 minutes in water. Bluetooth performance may be impacted if using the system while underwater.

Activity	What You Need To Know
Sleeping	Your Sensor should not interfere with your sleep. Place your Reader nearby so you will receive alarms and any reminders you have set.
Traveling by Air	You may use your System while on an aircraft, following any requests from the flight crew. • The Reader is classed as a Medical-Portable Electronic Device (M-PED) that meets all required M-PED emission standards for safe use onboard an aircraft: RTCA/DO160, Section 21, Category M. • Some airport full-body scanners include millimeter radio-wave, which you cannot expose your Sensor to. The effect of these scanners has not been evaluated and the exposure may damage the Sensor or cause inaccurate results. To avoid removing your Sensor, you may request another type of screening. If you do choose to go through a full-body scanner, you must remove your Sensor.

Activity

Traveling by Air (cont.)

What You Need To Know

- The Sensor can be exposed to common electrostatic (ESD) and electromagnetic interference (EMI), including airport metal detectors. You can also keep your Reader on while going through these.

Note: Changing the time and date affects the graphs and statistics. The ⌚ symbol may appear on your glucose graph indicating a time change. Gaps in the graph may result or glucose readings may be hidden.

If you are changing time zones, you can change the time and date settings on the Reader by touching the Settings symbol ⚙ from the Home Screen, then **Time & Date**.

Charging the Reader

A fully charged Reader battery should last up to 4 days. Your battery life may vary depending on your usage. A **Low Battery** message accompanies your result when you have enough charge remaining for about one day of use.

CAUTION:

- Always use the Abbott provided power adapter and yellow USB cable that came with your Reader to minimize the **risk of fire or burns**. Take care when plugging and unplugging your USB cable. Do not force or bend the end of the USB cable into the Reader's USB port.
- Choose a location for charging where you can easily access the power adapter and quickly disconnect to prevent the potential risk of electrical shock.
- The maximum surface temperature of the Reader could go as warm as 117°F. The maximum surface temperature of the power adapter when charging could go as warm as 129°F. Under these conditions, do not hold the Reader or the power adapter for five minutes or more. People with disorders of peripheral circulation or sensation should use caution at this temperature.
- Do NOT expose the USB cable or power adapter to water or other liquids as this may cause them to not function properly and may lead to **risk of fire or burns**.

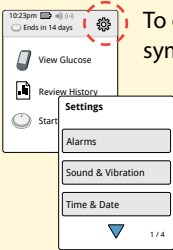
Step	Action
1	Before charging, to minimize the risk of fire or burns: • Check the provided power adapter and yellow USB cable to make sure they are not damaged. • Check the Reader's USB port and make sure it is dry and free of debris.
2	Plug the yellow USB cable into an electrical outlet using the power adapter. Then, plug the other end of the USB cable into the USB port on the Reader.

Note:

- You must charge the Reader when the battery is low  to keep using the Reader.
- To fully charge the battery, charge the Reader for at least 3 hours.
- If the Reader does not turn on after being charged or you notice a significant deterioration in battery life, contact Customer Service about replacing your Reader, yellow USB cable, and power adapter. Customer Service is available at 1-855-632- 8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.
- Fully charge your Reader before storing it for more than 3 months.

Reader Settings and Information

You can go to the Settings menu to change many settings on the Reader, like alarm settings, sound & vibration, time & date, and target range. The Settings menu is also where you go to do a Control Solution Test or to check the System Status.

Step	Action
1	 To get to the Settings menu, touch the Settings symbol  on the Home Screen.
2	Touch the setting you want to change: Alarms – See <i>Reader Alarms</i> section for information on setting alarms Sound & Vibration – Set Reader sound and vibration. These also apply to alarms

Step	Action
2 (cont.)	Time & Date – Change the Time or Date Reminders – See <i>Using Reminders</i> section for information on setting reminders Control Solution Test – Perform a control solution test Language – Change the language on the Reader System Status – Check Reader information and performance • View System Information: The Reader will display information about your System including: - o Current Sensor end date and time - o Reader serial number and version number - o Serial numbers and status codes of most recent Sensors (up to three) - o Sensor version for most recent Sensor - o Number of Sensors that have been used with Reader - o Number of tests that have been performed using test strips

Step	Action
2 (cont.)	• View Event Logs: A list of events recorded by the Reader, which may be used by Customer Service to help troubleshoot your System • Perform a Reader Test: The Reader Test will perform internal diagnostics and allow you to check that the Display is showing all pixels, sounds and vibrations are working, and the Touchscreen is responding when touched Report Settings – Work with your health care professional to set your Target Glucose Range, which is displayed on glucose graphs on the Reader and used to calculate your Time In Target. Your Target Glucose Range is not related to your alarm settings Reader Basics – Review the information screens shown during the Reader setup Dose Increment – You can set the insulin dose increment to either 1.0 or 0.5 units for use with insulin notes

Maintenance and Disposal

Cleaning and Disinfecting the Reader

Cleaning and disinfecting your Reader is important to prevent the spread of infectious diseases. The Reader has a mean use life of 3 years and has been validated for 156 cleaning and disinfection cycles (the equivalent of 1 cycle per week for 3 years).

You should clean and disinfect the Reader once a week. The Reader should also be cleaned and disinfected prior to being handled by any person providing testing assistance to the user.

Cleaning is the physical removal of organic soil from the Reader surfaces. Keeping the Reader clean helps ensure that it is working properly and that no dirt gets in the device. Cleaning allows for successful, subsequent disinfection.

Disinfection is a process that destroys pathogens, such as viruses and other microorganisms, on the Reader surfaces. Disinfecting the Reader helps ensure that no infection is passed on when you or others come in contact with the Reader.

This device is not intended for use with multiple patients in health care or assisted-use settings such as hospitals, physician offices, or long-term care facilities because it has not been cleared by FDA for use in these settings, including for routine assisted testing or as part of glycemic control procedures.

Use of this device on multiple patients may lead to transmission of Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), Hepatitis B Virus (HBV), or other bloodborne pathogens.

To clean and disinfect your Reader, you will need Clorox Healthcare Bleach Germicidal Wipes, EPA Reg. #67619-12.

These disinfectant wipes contain a 0.55% Sodium Hypochlorite (NaOCl) solution and have been shown to be safe for use with the Reader. They may be purchased at major online retailers, such as Walmart.com, Amazon.com, and OfficeDepot.com.

Note: Additional information about the risks for transmitting bloodborne pathogens to persons undergoing fingerstick procedures for blood sampling can be found. See *References* section for more information.

Step	Action
1	Turn off the Reader before you clean and disinfect it.
2	Clean the outside surfaces of the Reader with a bleach wipe until visibly clean. Make sure liquid does not get into the test strip and USB ports.
3	For disinfection, use a second bleach wipe to wipe all outside surfaces of the Reader until they are wet. Make sure liquid does not get into the test strip and USB ports. Allow the Reader surfaces to remain wet for 60 seconds.
4	Dry with clean paper towel to remove any residual moisture.

Step	Action
5	When finished, thoroughly wash your hands with soap and water.

IMPORTANT: Do NOT use the Reader if you notice any signs of deterioration on the Reader (such as clouding or crazing on the display of the Reader, corroding, eroding or swelling of the plastic housing, or cracking of plastic housing or display) or if the Reader does not turn on. Contact Customer Service about replacing your Reader. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

CAUTION: Do NOT place the Reader in water or other liquids. Avoid getting dust, dirt, blood, control solution, water, bleach, or any other substance in the test strip or USB port as this may cause the Reader to not function properly and may lead to **risk of fire or burns**.

Maintenance

The System has no serviceable parts.

Disposal

This product should be disposed of in accordance with all applicable local regulations related to the disposal of electronic equipment, batteries, sharps, and materials potentially exposed to body fluids.

Contact Customer Service for further information on the appropriate disposal of system components. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Troubleshooting

This section lists problems that you may experience, the possible cause(s), and recommended actions.

Reader Does Not Power On

Problem	What It May Mean	What To Do
Reader does not power on after you press the Home Button or insert a test strip.	Reader battery is too low.	Charge the Reader.
	Reader is outside of its operating temperature range.	Move the Reader to a temperature between 50°F and 113°F and then try to power it on.

If the Reader still does not power on after trying these steps, contact Customer Service. Customer Service is available at 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problems at the Sensor Application Site

Problem	What It May Mean	What To Do
The Sensor is not sticking to your skin.	The site is not free of dirt, oil, hair, or sweat.	1. Remove the Sensor. 2. Clean the site with a plain soap and water and then clean with an alcohol wipe. 3. Follow the instructions in <i>Applying Your Sensor</i> section. Consider shaving the site, avoiding use of lotions prior to insertion, and applying the Sensor to your non-dominant arm.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problem	What It May Mean	What To Do
Skin irritation at the Sensor application site.	Seams or other constrictive clothing or accessories causing friction at the site.	Ensure that nothing rubs on the site.
	You may be sensitive to the adhesive material.	If the irritation is where the adhesive touches skin, contact your health care professional to identify the best solution.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Troubleshooting Display Messages

Display	What It May Mean	What To Do
Scan Error	The Reader was unable to scan the Sensor.	Try scanning again. You may need to move away from potential sources of electromagnetic interference
Sensor Already in Use	The Sensor was started by another device.	The Reader can only be used with a Sensor that it started. Check your glucose with the device that started it. Or, apply and start a new Sensor.
Incompatible Sensor	The Reader can only be used with the Libre 3 Sensor and the Libre 3 Plus Sensor.	If you still have questions about compatibility, call Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Display	What It May Mean	What To Do
Replace Sensor	The System has detected a problem with your Sensor.	Apply and start a new Sensor.
Sensor ready in X minutes	The Sensor is unable to provide a glucose reading during the start-up period.	Check again after the duration specified on the screen.
Scan Timeout	The Reader is not held close enough to the Sensor.	Bring the screen of the Reader close to the Sensor.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Display	What It May Mean	What To Do
Check Sensor	The Sensor tip may not be under your skin.	Try to start your Sensor again. If you see “Check Sensor” again on the screen, your Sensor was not applied properly. Remove this Sensor and apply and start a new Sensor.
Sensor Ended	The Sensor has ended.	Apply and start a new Sensor.
Signal Loss	Sensor has not automatically communicated with your Reader in the last 5 minutes.	Make sure your device is within 33 feet of the Reader.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Display	What It May Mean	What To Do
Signal Loss Alarm	Sensor has not automatically communicated with your Reader in the last 20 minutes.	Make sure your Reader is within 33 feet of the Sensor. If the Signal Loss Alarm continues to show, contact Customer Service.
Sensor Error	The Sensor is unable to provide a glucose reading.	Check again after the duration specified in the message.
Sensor Too Hot	Your Sensor is too hot to provide a glucose reading.	Move to a location where the temperature is appropriate and check again in a few minutes.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Display	What It May Mean	What To Do
Sensor Too Cold	Your Sensor is too cold to provide a glucose reading.	Move to a location where the temperature is appropriate and check again in a few minutes.
New Sensor Starting Up	Sensor is not ready to read glucose.	Wait until the Sensor start-up period has completed.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Display	What It May Mean	What To Do
New Sensor Found	You scanned a new Sensor before your previous Sensor ended.	Your Reader can only be used with one Sensor at a time. If you start a new Sensor, you will no longer be able to use your old Sensor. If you would like to begin using the new Sensor, select “Yes” and scan again.
Glucose Reading Unavailable	Your Sensor is too hot or too cold.	Move to a location where the temperature is appropriate and check your glucose again.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problems Receiving Alarms

Problem	What It May Mean	What To Do
You are not receiving alarms.	You have turned alarms off.	If using the Reader, touch the Settings symbol  and then select Alarms . Choose the alarm you want to turn on and set.
	The Sensor is not communicating with your Reader. or There may be a problem with your Sensor or Reader.	The Sensor must be within range (33 feet) of your Reader for you to receive alarms. Make sure that you are within this range. You will see the  symbol at the top of the Home Screen when your Sensor has not communicated with your Reader in 5 minutes. If the Signal Loss Alarm is on, you will be notified if there has been no communication for 20 minutes. If the Signal Loss Alarm is on and continues to show even when your Sensor is in range of your Reader, contact Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problem	What It May Mean	What To Do
You are not receiving alarms. (cont.)	Sound/vibration are turned off in your Reader settings.	Check the Reader's sound and vibration settings to confirm sound/vibration are on.
	You may have set an alarm level that is higher or lower than you intended.	Confirm your alarm settings are appropriate.
	You have already dismissed this type of alarm.	You will receive another alarm when a new low or high glucose episode starts.
	Your Sensor has ended.	Replace your Sensor with a new one.
	Your Reader's battery is dead.	Charge your Reader using the provided power adapter and yellow USB cable.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Blood Glucose Error Messages

Error Message	What It May Mean	What To Do
E-1	The temperature is too hot or too cold for the Reader to work correctly.	1. Move the Reader and test strips to a location where the temperature is within the test strip operating range. (See test strip instructions for use for the appropriate range). 2. Wait for the Reader and test strips to adjust to the new temperature. 3. Repeat the test using a new test strip. 4. If the error reappears, contact Customer Service.
E-2	Reader error.	1. Turn off the Reader. 2. Repeat the test using a new test strip. 3. If the error reappears, contact Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Error Message	What It May Mean	What To Do
E-3	Blood drop is too small. or Incorrect test procedure. or There may be a problem with the test strip.	1. Review the testing instructions. 2. Repeat the test using a new test strip. 3. If the error reappears, contact Customer Service.
E-4	The blood glucose level may be too high to be read by the system. or There may be a problem with the test strip.	1. Repeat the test using a new test strip. 2. If the error reappears, contact your health care professional immediately.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Error Message	What It May Mean	What To Do
E-5	Blood was applied to the test strip too soon.	1. Review the testing instructions. 2. Repeat the test using a new test strip. 3. If the error reappears, contact Customer Service.
E-6	The test strip may not be compatible with the Reader.	1. Check that you are using the correct test strip for the Reader. (See test strip instructions for use to verify your strip is compatible with the Reader). 2. Repeat the test using a test strip for use with your Reader. 3. If the error reappears, contact Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Error Message	What It May Mean	What To Do
E-7	Test strip may be damaged, used, or the Reader does not recognize it.	1. Check that you are using the correct test strip for the Reader. (See test strip instructions for use to verify your strip is compatible with the Reader). 2. Repeat the test using a test strip for use with your Reader. 3. If the error reappears, contact Customer Service.
E-9	Reader error.	1. Turn off the Reader. 2. Repeat the test using a new test strip. 3. If the error reappears, contact Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problems Checking Your Blood Glucose

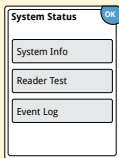
Problem	What It May Mean	What To Do
The Reader does not start a test after inserting a test strip.	Test strip is not inserted correctly or not inserted fully into the strip port.	1. With the 3 black lines facing up, insert the test strip into the strip port until it stops. 2. If the Reader still does not start a test, contact Customer Service.
	Reader battery is too low.	Charge the Reader.
	The test strip is damaged, used, or unrecognizable by the Reader.	Insert a new FreeStyle Precision Neo test strip.
	Reader is outside of its operating temperature range.	Move the Reader to a temperature between 50°F and 113°F and then try to power it on.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Problem	What It May Mean	What To Do
The test does not start after applying the blood sample.	Blood sample is too small.	1. See test strip instructions for use for re-application instructions. 2. Repeat the test using a new test strip. 3. If the test still does not start, contact Customer Service.
	Sample applied after the Reader turned off.	1. Review the testing instructions. 2. Repeat the test using a new test strip. 3. If the test still does not start, contact Customer Service.
	Problem with Reader or test strip.	1. Repeat the test using a new test strip. 2. If the test still does not start, contact Customer Service.

Customer Service: 1-855-632-8658 7 days a week from 8 a.m. to 8 p.m. Eastern Time; excluding holidays.

Perform a Reader Test



If you think the Reader is not working properly, you can check the Reader by performing a Reader Test. Touch the Settings symbol  from the Home Screen, select **System Status** and then select **Reader Test**.

Note: The Reader Test will perform internal diagnostics and will allow you to check that the display, sounds, and touchscreen are working properly.

System Specifications

See test strip and control solution instructions for use for additional specifications.

Sensor Specifications

Sensor glucose assay method	Amperometric electrochemical sensor
Sensor glucose reading range	40 to 400 mg/dL
Sensor size	2.9 mm height and 21 mm diameter
Sensor weight	1 gram
Sensor power source	One silver oxide battery
Sensor life	Libre 3 Sensor: Up to 14 days Libre 3 Plus Sensor: Up to 15 days

Sensor memory	Libre 3 Sensor: Up to 14 days (glucose readings stored every 5 minutes) Libre 3 Plus Sensor: Up to 15 days (glucose readings stored every 5 minutes)
Sensor transmission range	33 feet (10 meters) unobstructed
Operating temperature	50°F to 113°F
Sensor Applicator storage temperature	36°F to 82°F
Operating and storage relative humidity	10-90%, non-condensing
Sensor water resistance and ingress protection	IP27: Can withstand immersion into 3 feet (one meter) of water for up to 30 minutes. Protected against insertion of objects > 12 mm diameter.
Operating and storage altitude	-1,250 ft (-381 meters) to 10,000 ft (3,048 meters)
Radio frequency	2.402-2.480 GHz BLE; GFSK; 4.6 dBm EIRP

Reader Specifications

Blood glucose assay range	20 to 500 mg/dL
Reader size	95 mm x 60 mm x 16 mm
Reader weight	65 grams
Reader power source	One lithium-ion rechargeable battery
Reader battery life	4 days of typical use
Reader memory	90 days of typical use
Reader operating temperature	50°F to 113°F
Reader storage temperature	-4°F to 140°F

Operating and storage relative humidity	10-90%, non-condensing
Reader moisture protection	Keep dry
Operating and storage altitude	-1,250 ft (-381 meters) to 10,000 ft (3,048 meters)
Reader display timeout	60 seconds (120 seconds when test strip is inserted)
Radio frequency	Near Field Communication (13.56 MHz RFID); ASK Modulation; 124 dBuV/m; 2.402-2.480 GHz BLE; GFSK; 2dBm EIRP
Data port	Micro USB
Minimum Computer Requirements	System must only be used with EN60950-1 rated computers
Mean use life	3 years of typical use

Reader cleaning and disinfection	The Reader has a mean use life of 3 years, which is 156 cleaning and disinfection cycles (1 cycle per week for 3 years).
Power Adapter	Abbott Diabetes Care PRT31887 (Phihong Model PSM03A-050Q-3A-R, Luxshare Model LACA175) Output: 5V, 550mA or 0.55A Operating temperature: 50°F to 104°F
USB Cable	Abbott Diabetes Care PRT21373 Length: 37 inches (94 cm) Color: Yellow

Security Measures and Quality of Service

Security Measures:

The communication between the Reader and Sensor during an activation scan is a short range Near Field Communication (NFC) method which makes it difficult to interfere with or intercept during transmission. The communication between the Reader and Sensor for glucose and alarm data is a standard Bluetooth Low Energy (BLE) connection. Mutual authentication is performed between the Receiver and Sensor during the pairing process using application certificates, and an authenticated login procedure using NFC. This prevents unauthorized devices from connecting to the Sensor. The transmitted data is protected by encryption. This prevents unauthorized devices from accessing the data if they are within range and intercept the transmission. Under normal operation, the industry standard BLE protocols allow for many users to be in the same vicinity. In the case where the

connection is lost due to out-of-range or interference, only the authenticated Receiver that is paired with the Sensor will be able to reconnect and receive glucose data. Only the Reader that activated the Sensor is able to complete pairing with the Sensor.

The Software Bill of Materials (SBOM) is available on request from Customer Service.

Quality of Service (QoS):

QoS for the Reader and Sensor wireless communications using NFC (for Sensor activation) is assured when the Reader is brought near the Sensor. The communication for activation is specified to occur within 15 seconds.

QoS for the Reader and Sensor wireless communications using BLE for normal operation (receiving glucose readings and alarms) is assured at regular 1 minute intervals. If connection is lost between the Reader and Sensor for 5 minutes, the Reader will display an indication of "Signal Loss" on the results screen. If connection is lost for 20 minutes, the Reader alarms the user if the alarm is turned on. If connection is lost between the Reader and the Sensor, all lost glucose data will be automatically retrieved when the connection is restored. The Reader is designed to only accept BLE data from recognized and paired Sensors. The transmission range for BLE communication is 33 feet unobstructed. If the Reader and Sensor are seeing frequent signal loss at longer distances, bring them closer together.

Labeling Symbols

	Consult instructions for use		Catalog number
	Temperature limit		Serial number
	Manufacturer		Keep dry
	Batch code		Non-ionizing radiation
	Type BF applied part		Sterilized using irradiation
	Do not re-use		Humidity limitation
	MR conditional		FCC Declaration of Conformity mark
	Use-by date		



Do not use if package is damaged.

For Sterile Barrier: Do not use if the product sterile barrier system or its packaging is compromised.

R_x Only

CAUTION: Federal law restricts this device to sale by or on the order of a physician.



This product contains electronic equipment, batteries, sharps and materials that may contact bodily fluids during use. Dispose of product in accordance with all applicable local regulations.



STERILE R



Sterile Barrier. Refer to Instructions for Use if opened or damaged.



Single sterile barrier system with protective packaging outside

Performance Characteristics

Different clinical studies were conducted to evaluate the performance of the Libre 3 Sensor and the Libre 3 Plus Sensor. Please reference the section that applies to the Sensor you are using.

Libre 3 Sensor Performance Characteristics

Overview of Clinical Studies

Three studies were conducted in the United States (US) to evaluate the performance, safety, effectiveness, and precision of the FreeStyle Libre 3 System (System) with the Libre 3 Sensor. One study included adults (Study 1), one study included pediatrics (Study 2) and one study included both adults and pediatrics (Study 3).

All subjects required insulin to manage their diabetes. To measure the precision of the System, each subject wore two Sensors, one on the back of each upper arm, for a period of up to 14 days. While in the clinic, subjects had their venous blood glucose analyzed using a laboratory reference method, the Yellow Springs Instrument Life Sciences 2300 STAT Plus™ Glucose & Lactate Analyzer (YSI). Sensor glucose readings were then compared to the YSI glucose results in subjects 6 years and older to evaluate the System's performance. For subjects 4-5 years old, System performance was compared against a self-monitoring blood glucose meter.

Study 1: Study 1 was conducted at 5 centers with 146 subjects in total (91.1% Type 1, 8.9% Type 2), all aged eighteen and older. Subjects had their venous blood glucose analyzed over three separate visits to the clinical center. Each visit lasted up to ten hours. 144 subjects were analyzed during the beginning of the Sensor wear period (day 1, 2, or 3), 91 subjects were analyzed during the early middle period (day 7 or 8), 55 subjects were analyzed during the late middle period (day 9 or 12), and 76 subjects were analyzed during the end period (day 13 or 14). During each visit, adult subjects had their glucose levels deliberately manipulated per the study protocol to raise or lower glucose. This was done to assess

performance of the System over the range that the System measures glucose (40 – 400 mg/dL).

Study 2: Study 2 was conducted at 4 centers with 139 subjects in total (98.6% Type 1, 1.4% Type 2), all aged four to seventeen. Subjects age six and older had their venous blood glucose analyzed for up to 16 hours over one or two separate visits to the clinical center. Each visit lasted up to eight hours. During each visit, subjects age 11 and older had their glucose levels deliberately manipulated per the study protocol to raise or lower glucose. This was done to assess performance of the System over the range that the System measures glucose (40 – 400 mg/dL). 48 subjects were analyzed during the beginning of the Sensor wear period (day 1 or 2), 50 subjects were analyzed during the early middle period (day 7 or 8), 51 subjects were analyzed during the late middle period (day 9 or 12), and 51 subjects were analyzed during the end period (day 13 or 14). All subjects tested their blood glucose using fingerstick capillary samples at least four times during each day of the study.

Study 3: Study 3 was conducted at 4 centers with 100 adult and pediatric subjects in total (83.0 % Type 1, 17.0% Type 2). 56 adult subjects were aged 18 and older, 39 pediatric subjects were aged six to seventeen and 5 pediatric subjects were aged four to five. Subjects aged six and older had their venous blood glucose analyzed for up to 16 hours over one or two separate visits to the clinical center. Each visit lasted up to eight hours. 81 subjects were analyzed during the beginning of the Sensor wear period (day 1, 2 or 3), 46 subjects were analyzed during the early middle period (day 7 or 8), 47 subjects were analyzed during the late middle period (day 9 or 12), and 34 subjects were analyzed during the end period (day 13 or 14).

Accuracy

Accuracy of the System was measured by comparing paired Sensor glucose readings (CGM) to YSI blood glucose values. For blood glucose values <70 mg/dL, the difference in mg/dL between the CGM and YSI blood glucose values was calculated. For values ≥ 70 mg/dL, the relative difference (%) to the YSI blood glucose values was calculated. The percentage of total CGM readings that were within 20 mg/dL or 20% of YSI blood glucose values is displayed in **Table 1**. The Mean Absolute Relative Difference (MARD) gives an indication of the average percent disagreement between the CGM and the reference. For example, in the Adult subject group, 92.9% of the readings fell within 20 mg/dL of YSI blood glucose values <70 mg/dL and within 20% of YSI blood glucose values ≥ 70 mg/dL. The total number of data pairs considered in the analysis was 23,503. In the Adult subject group, the Mean Absolute Relative Difference was 8.9% for the comparison with YSI reference. In the Pediatric subject group, the Mean Absolute Relative Difference was 9.4% for the comparison with YSI reference.

Table 1: Overall Accuracy to YSI Reference

Subject Group	Number of CGM-Reference Pairs	Number of Subjects	Percent Within $\pm 20\%$ / ± 20 mg/dL	Percent Within $\pm 20\%$ / ± 20 mg/dL on Day 1	Percent Within $\pm 20\%$ / ± 20 mg/dL in first 12 hours	MARD (%)
Adults	23503	200	92.9	87.5	81.4	8.9
Children (age 6-17)	8614	168	91.1	85.4	81.6	9.4
Children (age 4-5)*	413	13	86.4	87.5	89.2	11.5

* No YSI measurements were obtained for children ages 4-5; results displayed are from CGM-SMBG matched paired measurements.

The following tables give you further accuracy information within CGM glucose ranges (**Tables 2 and 3**) and within YSI glucose ranges (**Tables 4 and 5**). This information tells you how likely it is that your Sensor glucose reading matches your blood glucose level.

Table 2: Accuracy to YSI within CGM Glucose Ranges (Adult; n=200)

CGM Glucose Level [†] (mg/dL)	Number of CGM-Reference Pairs	Percent Within ± 15 mg/dL	Percent Within ± 20 mg/dL	Percent Within ± 40 mg/dL	Percent Within $\pm 15\%$	Percent Within $\pm 20\%$	Percent Within $\pm 40\%$	Mean bias (mg/dL)	MARD (%)
<54	543	84.7	92.6	99.4				-6.7	14.2
54-69	3124	88.7	93.7	99.0				-3.6	11.0
70-180	11128				79.8	88.8	99.3	-4.9	9.8
181-250	4112				90.9	96.0	99.9	-7.7	7.2
>250	4596				94.1	98.0	100.0	-5.9	6.0

[†] System range is 40-400 mg/dL.

Table 3: Accuracy to YSI within CGM Glucose Ranges (Pediatric*; n=168)

CGM Glucose Level [†] (mg/dL)	Number of CGM-Reference Pairs	Percent Within ± 15 mg/dL	Percent Within ± 20 mg/dL	Percent Within ± 40 mg/dL	Percent Within $\pm 15\%$	Percent Within $\pm 20\%$	Percent Within $\pm 40\%$	Mean bias (mg/dL)	MARD (%)
<54	153	68.6	75.8	95.4				-12.1	18.8
54-69	915	84.6	88.9	96.7				-5.6	12.6
70-180	4149				78.8	87.8	98.9	-4.9	10.1
181-250	1640				87.9	95.4	99.7	-7.1	7.7
>250	1757				92.7	97.8	99.8	-2.1	6.9

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

[†] System range is 40-400 mg/dL.

Table 4: Accuracy to YSI within YSI Glucose Ranges (Adult; n=200)

YSI Glucose Level (mg/dL)	Number of CGM- Reference Pairs	Percent Within ±15 mg/dL	Percent Within ±20 mg/dL	Percent Within ±40 mg/dL	Percent Within ±15%	Percent Within ±20%	Percent Within ±40%	Mean bias (mg/dL)	MARD (%)
<54	446	91.0	97.5	100.0				7.4	15.5
54-69	3111	94.5	98.5	100.0				1.4	10.3
70-180	10748				80.2	88.7	99.5	-4.5	9.7
181-250	4122				89.7	95.1	99.8	-7.3	7.5
>250	5076				91.3	96.1	99.7	-11.5	6.9

Table 5: Accuracy to YSI within YSI Glucose Ranges (Pediatric*; n=168)

YSI Glucose Level (mg/dL)	Number of CGM-Reference Pairs	Percent Within ± 15 mg/dL	Percent Within ± 20 mg/dL	Percent Within ± 40 mg/dL	Percent Within $\pm 15\%$	Percent Within $\pm 20\%$	Percent Within $\pm 40\%$	Mean bias (mg/dL)	MARD (%)
<54	140	91.4	96.4	99.3				7.6	16.4
54-69	773	96.4	98.7	100.0				1.0	9.4
70-180	4168				76.7	85.7	98.3	-4.2	10.7
181-250	1559				86.8	92.9	99.1	-5.0	8.1
>250	1974				90.8	97.7	99.9	-9.9	7.4

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Agreement of 'LO' and 'HI' CGM Reading to YSI Reference

The System reports glucose concentrations between 40 and 400 mg/dL. When the System determines that glucose level is below 40 mg/dL, it will report as 'LO'. When the System determines that glucose level is above 400 mg/dL, it will report as 'HI'. **Tables 6 and 7** show the comparison of a CGM 'LO' reading to the reference YSI glucose. For example, in the Adult subject group, when CGM reading was 'LO', YSI glucose values were less than 50 mg/dL 20.0% of the time, less than 60 mg/dL 40.0% of the time, less than 70 mg/dL 40.0% of the time, less than 80 mg/dL 80.0% of the time, and equal to or above 80 mg/dL 20.0% of the time.

Table 6: Distribution of YSI Values when CGM Reading is 'LO' (Adult; n=200)

CGM- Reference Pairs	YSI (mg/dL)					N
	<50	<60	<70	<80	≥80	
n	1	2	2	4	1	5
Cumulative %	20.0	40.0	40.0	80.0	20.0	

Table 7: Distribution of YSI Values when CGM Reading is 'LO' (Pediatric*; n=168)

CGM- Reference Pairs	YSI (mg/dL)					N
	<50	<60	<70	<80	≥80	
n	0	1	3	3	0	3
Cumulative %	0.0	33.3	100.0	100.0	0.0	

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Tables 8 and 9 show the comparison of a CGM 'HI' reading to the reference YSI glucose. In the Adult subject group, when CGM reading was 'HI', YSI glucose values were above 350 mg/dL 97.6% of the time, above 300 mg/dL 100.0% of the time, above 250 mg/dL 100.0% of the time, and less than or equal to 250 mg/dL 0.0% of the time.

Table 8: Distribution of YSI Values when CGM Reading is 'HI' (Adult; n=200)

CGM- Reference Pairs	YSI (mg/dL)				N
	>350	>300	>250	≤250	
n	120	123	123	0	123
Cumulative %	97.6	100.0	100.0	0.0	

Table 9: Distribution of YSI Values when CGM Reading is 'HI' (Pediatric*; n=168)

CGM- Reference Pairs	YSI (mg/dL)				N
	>350	>300	>250	≤250	
n	40	43	45	0	45
Cumulative %	88.9	95.6	100.0	0.0	

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Concurrence of System and Reference (CGM vs. YSI)

The following tables show the concurrence of the CGM readings to YSI values. **Tables 10 and 11** tell you for each CGM range what percentage of YSI values were in the same glucose range as the CGM (shaded) or in glucose ranges above or below the CGM. For example, in the Adult subject group, when the System glucose readings were within the 81 to 120 mg/dL range, actual blood glucose values were between 40 and 60 mg/dL 0.2% of the time, between 61 and 80 mg/dL 9.2% of the time, between 81 and 120 mg/dL 70.5% of the time, between 121 and 160 mg/dL 19.4% of the time, between 161 and 200 mg/dL 0.7% of the time, and between 201 and 250 mg/dL 0.1% of the time. **Tables 12 and 13** tell you for each YSI range what percentage of CGM readings were in the same glucose range (shaded) as the YSI or in glucose ranges above or below the YSI.

Table 10: Concurrence Analysis by CGM Glucose Level (Adult; n=200)

CGM Glucose Level (mg/dL)	YSI Glucose Level (mg/dL)											N
	<40	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400	
<40 [†]	20.0	20.0	40.0	20.0	.	.	.	.	.	.	.	5
40-60	0.4	52.0	43.7	3.8	.	0.1	.	.	.	.	.	1950
61-80	.	17.8	62.2	19.6	0.4	0.0	.	.	.	.	.	3317
81-120	.	0.2	9.2	70.5	19.4	0.7	0.1	.	.	.	.	4147
121-160	.	.	0.1	8.4	71.1	19.1	1.0	0.2	0.1	.	.	3883
161-200	.	.	.	.	10.4	66.4	22.1	1.0	0.2	.	.	2806
201-250	.	.	.	.	.	8.6	67.8	22.0	1.5	0.1	.	2804
251-300	.	.	.	.	.	0.1	8.8	67.6	21.7	1.7	0.1	2469
301-350	.	.	.	.	.	.	0.4	13.9	68.9	15.8	1.1	1580
351-400	.	.	.	.	.	.	.	0.5	27.8	62.9	8.8	547
>400 [†]	.	.	.	.	.	.	.	.	2.4	63.4	34.1	123

[†] Levels out of System dynamic range.

Table 11: Concurrence Analysis by CGM Glucose Level (Pediatric*; n=168)

CGM Glucose Level (mg/dL)	YSI Glucose Level (mg/dL)											N
	<40	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400	
<40 [†]	.	33.3	66.7	.	.	.	.	.	.	.	.	3
40-60	0.5	47.5	41.3	9.6	0.9	0.2	.	.	.	.	.	554
61-80	.	11.4	59.7	26.8	2.0	.	.	.	.	.	.	1025
81-120	.	0.2	8.2	67.4	22.8	1.3	0.1	.	.	.	.	1590
121-160	.	.	.	9.1	71.1	18.4	1.3	.	.	.	.	1437
161-200	.	.	.	0.1	15.5	66.0	18.2	0.2	.	.	.	1094
201-250	.	.	.	.	0.3	10.6	59.1	29.0	1.0	0.1	.	1157
251-300	.	.	.	.	.	0.1	13.6	63.8	21.3	1.2	.	933
301-350	.	.	.	.	.	.	0.3	24.4	58.4	16.7	0.2	616
351-400	.	.	.	.	.	1.0	.	0.5	34.1	59.1	5.3	208
>400 [†]	.	.	.	.	.	.	.	4.4	6.7	33.3	55.6	45

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

[†] Levels out of System dynamic range.

Table 12: Concurrence Analysis by YSI Glucose Level (Adult; n=200)

YSI Glucose Level (mg/dL)	CGM Glucose Level (mg/dL)											N
	<40 [†]	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400 [†]	
<40	12.5	87.5	.	.	.	.	.	.	.	.	.	8
40-60	0.1	62.9	36.6	0.4	.	.	.	.	.	.	.	1612
61-80	0.1	25.8	62.5	11.5	0.1	.	.	.	.	.	.	3301
81-120	0.0	1.9	16.3	73.5	8.2	.	.	.	.	.	.	3977
121-160	.	.	0.3	20.8	71.4	7.5	.	.	.	.	.	3871
161-200	.	0.0	0.0	0.9	25.7	64.8	8.4	0.1	.	.	.	2876
201-250	.	.	.	0.1	1.4	22.2	68.2	7.8	0.2	.	.	2787
251-300	.	.	.	.	0.3	1.1	24.3	65.6	8.6	0.1	.	2543
301-350	.	.	.	.	0.3	0.3	2.2	29.3	59.5	8.3	0.2	1830
351-400	.	.	.	.	.	.	0.3	6.0	34.8	48.0	10.9	716
>400	.	.	.	.	.	.	.	1.8	16.4	43.6	38.2	110

[†] Levels out of System dynamic range.

Table 13: Concurrence Analysis by YSI Glucose Level (Pediatric*; n=168)

YSI Glucose Level (mg/dL)	CGM Glucose Level (mg/dL)											N
	<40 [†]	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400 [†]	
<40	.	100.0	.	.	.	.	.	.	.	.	.	3
40-60	0.3	68.5	30.5	0.8	.	.	.	.	.	.	.	384
61-80	0.2	23.5	62.8	13.4	.	.	.	.	.	.	.	974
81-120	.	3.5	18.0	70.0	8.6	0.1	.	.	.	.	.	1532
121-160	.	0.3	1.3	22.9	64.6	10.7	0.2	.	.	.	.	1583
161-200	.	0.1.	.	1.8	23.4	63.7	10.8	0.1	.	0.2	.	1134
201-250	.	.	.	0.2	1.8	19.3	66.2	12.3	0.2	.	.	1033
251-300	.	.	.	.	.	0.2	30.9	54.8	13.8	0.1	0.2	1085
301-350	.	.	.	.	.	.	1.7	30.9	55.9	11.0	0.5	644
351-400	.	.	.	.	.	.	0.4	4.3	40.7	48.6	5.9	253
>400	.	.	.	.	.	.	.	.	2.7	29.7	67.6	37

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

[†] Levels out of System dynamic range.

Glucose Rate of Change Accuracy

The System's ability to detect glucose rate of change (displayed by the Glucose Trend Arrow) was assessed against the YSI reference rate of change. The analysis is presented in **Tables 14 and 15**. The following example shows how to use the information in the tables. For adult participants, when the Glucose Trend Arrow indicated that glucose was changing slowly downward (-1 to 0 mg/dL/min), actual glucose levels in the body were falling quickly (<-2 mg/dL/min) 1.0% of the time, falling (-2 to -1 mg/dL/min) 7.7% of the time, changing slowly downward (-1 to 0 mg/dL/min) 68.0% of the time, changing slowly upward (0 to 1 mg/dL/min) 19.9% of the time, rising (1 to 2 mg/dL/min) 2.3% of the time, and were rising quickly (>2 mg/dL/min) 1.0% of the time.

Table 14: Trend Arrow Accuracy versus YSI (Adult; n=200)

CGM Rate Change (mg/dL/min)	YSI Rate Change (mg/dL/min)						N
	<-2	[-2, -1]	[-1, 0]	[0, 1]	(1, 2]	>2	
<-2 (↓)	34.5	44.9	18.0	2.3	0.3	.	345
-2 to -1 (↘)	6.9	46.6	41.2	4.0	0.8	0.5	1210
-1 to 0 (→)	1.0	7.7	68.0	19.9	2.3	1.0	11735
0 to 1 (→)	0.7	2.8	26.0	50.3	14.3	5.8	7270
1 to 2 (↗)	0.2	1.7	7.7	32.7	38.0	19.8	1322
>2 (↑)	0.1	0.4	3.1	14.9	33.2	48.4	941

Table 15: Trend Arrow Accuracy versus YSI (Pediatric*; n=168)

CGM Rate Change (mg/dL/min)	YSI Rate Change (mg/dL/min)						N
	<-2	[-2, -1)	[-1, 0)	[0, 1]	(1, 2]	>2	
<-2 (↓)	41.7	44.3	10.9	3.1	.	.	192
-2 to -1 (↘)	10.5	50.3	33.1	5.0	0.4	0.7	543
-1 to 0 (→)	1.7	10.1	62.7	20.5	3.4	1.5	3481
0 to 1 (→)	1.1	4.5	24.6	49.0	13.4	7.5	2923
1 to 2 (↗)	0.2	2.5	9.5	29.0	38.1	20.7	603
>2 (↑)	.	1.0	3.9	14.8	29.9	50.4	488

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Alarm Performance

The tables in this section show the accuracy of the System's Low and High Glucose Alarms. The Alarm Rate tells you how often the alarm is right or wrong. The Detection Rate tells you how often the System is able to recognize and notify you about a low or high glucose event.

Low Glucose Alarm Performance

Tables 16 and 17 display the percentages for these parameters:

True Alarm Rate

Tells you: When you got a low glucose alarm, were you actually low?

Definition: Percentage of time the alarm issued and blood glucose was below the alarm level within 15 minutes before or after the alarm.

False Alarm Rate

Tells you: Did you get a low glucose alarm that you shouldn't have?

Definition: Percentage of time the alarm issued and blood glucose was not below the alarm level within 15 minutes before or after the alarm.

Detection Rate

Tells you: When you were low, did you get a low glucose alarm?

Definition: Percentage of time blood glucose was below the alarm level and the alarm issued within 15 minutes before or after the glucose event.

Missed Detection Rate

Tells you: When you were low, did you miss a low glucose alarm?

Definition: Percentage of time blood glucose was below the alarm level and the alarm didn't issue within 15 minutes before or after the glucose event.

For example, the Adult study found that for a Low Glucose alarm level set to 70 mg/dL:

84.3% of the time a low glucose alarm was received when blood glucose was indeed below the alarm level but 15.7% of the time a low glucose alarm was received when blood glucose wasn't actually below the alarm level.

89.0% of the time blood glucose was below the alarm level and a low glucose alarm was appropriately issued but 11.0% of the time the glucose event was missed and no alarm was issued.

Table 16: Low Glucose Alarm Performance (Adult; n=200)

Low Glucose Alarm level (mg/dL)	Alarm Rate		Detection Rate	
	True Alarm Rate (%)	False Alarm Rate (%)	Correct Detection Rate (%)	Missed Detection Rate (%)
60	70.9	29.1	75.8	24.2
70	84.3	15.7	89.0	11.0
80	90.3	9.7	97.0	3.0
90	92.3	7.7	98.4	1.6

Table 17: Low Glucose Alarm Performance (Pediatric*; n=168)

Low Glucose Alarm level (mg/dL)	Alarm Rate		Detection Rate	
	True Alarm Rate (%)	False Alarm Rate(%)	Correct Detection Rate (%)	Missed Detection Rate (%)
60	60.5	39.5	86.8	13.2
70	77.1	22.9	92.8	7.2
80	82.3	17.7	96.2	3.8
90	90.0	10.0	97.5	2.5

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

High Glucose Alarm Performance

Tables 18 and 19 display the percentages for these parameters:

True Alarm Rate

Tells you: When you got a high glucose alarm, were you actually high?

Definition: Percentage of time the alarm issued and blood glucose was above the alarm level within 15 minutes before or after the alarm.

False Alarm Rate

Tells you: Did you get a high glucose alarm that you shouldn't have?

Definition: Percentage of time the alarm issued and blood glucose was not above the alarm level within 15 minutes before or after the alarm.

Detection Rate

Tells you: When you were high, did you get a high glucose alarm?

Definition: Percentage of time blood glucose was above the alarm level and the alarm issued within 15 minutes before or after the glucose event.

Missed Detection Rate

Tells you: When you were high, did you miss a high glucose alarm?

Definition: Amount of time blood glucose was above the alarm level and the alarm didn't issue within 15 minutes before or after the glucose event.

For example, the Adult study found that for a High Glucose alarm level set to 200 mg/dL: 98.7% of the time a high glucose alarm was received when blood glucose was indeed above the alarm level but 1.3% of the time a high glucose alarm was received when blood glucose wasn't actually above the alarm level.

96.7% of the time blood glucose was above the alarm level and a high glucose alarm was appropriately issued but 3.3% of the time the glucose event was missed and no alarm was issued.

Table 18: High Glucose Alarm Performance (Adult; n=200)

High Glucose Alarm level (mg/dL)	Alarm Rate		Detection Rate	
	True Alarm Rate (%)	False Alarm Rate (%)	Correct Detection Rate (%)	Missed Detection Rate (%)
120	99.0	1.0	98.0	2.0
140	98.7	1.3	97.5	2.5
180	98.7	1.3	96.8	3.2
200	98.7	1.3	96.7	3.3
220	98.3	1.7	96.7	3.3
240	98.0	2.0	95.5	4.5
300	96.2	3.8	90.2	9.8

Table 19: High Glucose Alarm Performance (Pediatric*; n=168)

High Glucose Alarm level (mg/dL)	Alarm Rate		Detection Rate	
	True Alarm Rate (%)	False Alarm Rate (%)	Correct Detection Rate (%)	Missed Detection Rate (%)
120	98.9	1.1	97.2	2.8
140	97.8	2.2	97.0	3.0
180	98.1	1.9	97.0	3.0
200	97.4	2.6	97.6	2.4
220	97.7	2.3	96.8	3.2
240	97.6	2.4	95.2	4.8
300	90.9	9.1	91.0	9.0

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Sensor Accuracy Over Time

The Libre 3 Sensor can be worn for up to 14 days. The percentage of System readings within YSI values and the Mean Absolute Relative Difference (MARD) is presented for the following different wear periods in **Tables 20 and 21**: Beginning (Adult: 198 subjects, Day 1, 2 or 3; Pediatric: 75 subjects, Day 1, 2 or 3) Early Middle (Adult: 124 subjects, Day 7 or 8; Pediatric: 63 subjects, Day 7 or 8), Late Middle (Adult: 86 subjects, Day 9 or 12; Pediatric: 67 subjects, Day 9 or 12), and End (Adult: 97 subjects, Day 13 or 14; Pediatric: 64 subjects, Day 13 or 14). For values 70 mg/dL and above, the percentage of readings within 15%, 20%, and 40% of the YSI value was calculated. For values below 70 mg/dL, the percentage of readings within 15 mg/dL, 20 mg/dL, and 40 mg/dL of the YSI value was calculated.

Table 20: Sensor Accuracy Relative to YSI Over Wear Duration (Adult; n=200)

Wear Period	Number of CGM-reference pairs	MARD (%)	Within $\pm 15\%$ / ± 15 mg/dL	Within $\pm 20\%$ / ± 20 mg/dL	Within $\pm 40\%$ / ± 40 mg/dL
Beginning	8753	9.6	84.2	91.1	99.4
Early Middle	5540	8.4	88.2	94.7	99.8
Late Middle	4753	8.3	87.9	93.8	99.7
End	4457	8.8	86.8	93.2	99.9

Table 21: Sensor Accuracy Relative to YSI Over Wear Duration (Pediatric*; n=168)

Wear Period	Number of CGM-reference pairs	MARD (%)	Within $\pm 15\%$ / ± 15 mg/dL	Within $\pm 20\%$ / ± 20 mg/dL	Within $\pm 40\%$ / ± 40 mg/dL
Beginning	2695	10.2	80.3	88.6	98.6
Early Middle	2031	9.0	85.5	90.9	98.4
Late Middle	1947	8.9	86.4	94.1	99.6
End	1941	9.5	84.1	91.7	99.4

* Includes children 6-17 years of age. No YSI measurements were obtained for children 4-5 years of age.

Sensor Wear Duration

The Libre 3 Sensor can be worn for up to 14 days. To estimate how long a Sensor will work over the wear duration, 101 Sensors were evaluated in Study 3 to determine how many days of readings each Sensor provided. Of the 101 Sensors, 15 Sensors had "early Sensor shut-off" where the Sensor algorithm detected that the Sensors did not function as intended and presented the user with a Replace Sensor message. This high level of "early Sensor shut-off" was due to a software configuration unique to the investigational device and resulted in only 68.3% lasting until the final day of use (see **Table 22**).

Table 22: Sensor Survival Rate Over Wear Duration - Study 3 Results with Investigational Device Software Configuration (n=101)

Day of Wear	Number of Sensors	Survival Rate (%)
1	99	98.0
2	99	98.0
3	99	98.0
4	98	97.0
5	96	95.0
6	96	95.0
7	93	92.1
8	92	91.1
9	90	89.1
10	85	84.2
11	79	78.2
12	73	72.3
13	70	69.3
14	69	68.3

As Study 3 was negatively affected by the investigational device software configuration, a subsequent study was conducted with the final software configuration. After eliminating for physical factors (e.g. getting caught in car seat belt, accidental knock off), the true 14-day survival rate was 94.4%.

Glucose Reading Availability

The Libre 3 Sensor can provide a valid Sensor reading every minute. **Table 23** shows the expected glucose reading capture rate for each day of the wear duration for Study 3.

Table 23: Glucose Reading Capture Rate Over Wear Duration (n=101)

Day of Wear	Number of Sensors	Capture Rate (%)
1	101	99.8
2	99	99.9
3	99	99.8
4	99	99.8
5	98	99.9
6	96	99.7
7	96	100.0
8	93	99.9
9	92	99.9
10	90	99.9
11	85	99.5
12	80	99.8
13	73	99.7
14	70	100.0

Precision

Precision of the System was evaluated by comparing the glucose readings from two separate Sensors worn on the same subject at the same time. **Table 24** provides data from 100 subjects in Study 3. For adults, the paired absolute relative difference (PARD) between the two Sensors was 5.9% with coefficient of variation (CV) of 4.2%. For children ages 4-5, PARD was 4.7% with CV of 3.3%. For children ages 6-17, PARD was 8.1% with CV of 5.7%. Paired absolute difference (PAD) is a measurement of absolute difference (in mg/dL) between paired CGM readings, while PARD is the absolute relative difference (in %) between paired CGM readings.

Table 24: Overall between Sensor Precision (n=100)

Subject Group	Coefficient of Variation (%)	Paired Absolute Difference (mg/dL)	Paired Absolute Relative Difference (%)	Number of Paired Readings
Adults ages 18+	4.2	9.1	5.9	156942
Children ages 4-5	3.3	9.3	4.7	14190
Children ages 6-17	5.7	12.8	8.1	103741

Study 3

The purpose of Study 3 was to assess the performance of the system with a smaller form factor Sensor, which is the final Libre 3 configuration. Accuracy of the System was measured by comparing paired System Glucose Measurement (CGM) and YSI blood glucose values. The percentage of total system readings that were within 20 mg/dL for YSI blood glucose value <70 mg/dL or 20% of YSI for blood glucose values ≥ 70 mg/dL is displayed in **Table 25**. The Mean Absolute Relative Difference (MARD) gives an indication of the average percent disagreement between the CGM and the reference. For example, 93.2% of the readings fell within ± 20 mg/dL of YSI blood glucose values <70 mg/dL and within $\pm 20\%$ of YSI blood glucose values ≥ 70 mg/dL. The total number of data pairs considered in the analysis was 6836. In this study the Mean Absolute Relative Difference was 7.9% for the comparison with the YSI reference.

Table 25: Overall Accuracy to YSI

Subject Group	Number of Subjects	Number of CGM-Reference Pairs	Percent Within $\pm 20\%$ / ± 20 mg/dL	MARD (%)
Overall	95	6836	93.2	7.9
Adults	56	4768	94.7	7.6
Children ages 6-17	39	2068	89.7	8.7
Children ages 4-5*	5	72	88.9	10.1

* No YSI measurements were obtained for children ages 4-5; results displayed are from CGM-SMBG matched paired measurements.

Adverse Events

No device related serious adverse events occurred during the studies. In Study 1, mild skin irritations, such as erythema, bruising, bleeding, and scabbing were reported around the insertion site and adhesive area by a small number of subjects (10 out of 146 or 6.8%). Pain was mostly reported as none with only one instance of mild pain. In Study 2, there were 8 instances of erythema (4 “well-defined redness”, and 4 “slight pink”), 5 instances of edema (3 slight edema, 2 slight edema with defined edges), 2 instances of mild bleeding, one instance of mild induration and one instance of mild rash. In Study 3, there were 5 instances of erythema (3 “well-defined redness”, and 2 “slight pink”), 4 instances of mild or moderate bleeding, 2 instances of mild induration, one instance of edema (“slight”) and one instance of mild itching.

Vitamin C Interference (Libre 3 Sensor)

Taking Vitamin C supplements while wearing the Sensor may falsely raise Sensor glucose readings. Taking more than 500 mg of Vitamin C per day may affect the Sensor readings which could cause you to miss a severe low glucose event. Vitamin C can be found in supplements including multivitamins. Some supplements, including cold remedies such as Airborne® and Emergen-C®, may contain high doses of 1000 mg of Vitamin C and should not be taken while using the Sensor. See your health care professional to understand how long Vitamin C is active in your body.

Additional Notes for Health Care Professionals

A clinical study was conducted to evaluate the effect of ascorbic acid (Vitamin C) on the Libre 3 Sensor performance. Data from 57 adult subjects with diabetes was collected over a 13-hour period. Each subject had a one-hour baseline phase where venous blood was collected every 10 minutes. After this first hour, a dose of 1000 mg ascorbic acid was given with a meal and venous samples were collected every 20 minutes for the next four hours. A maximum average Sensor bias of 9.3 mg/dL was observed around 3 hours after the 1000 mg ascorbic acid dose. Subjects then received a second dose of 1000 mg ascorbic acid with a meal and the same process was continued for another 4 hours. A third dose of 1000 mg ascorbic acid was then given and study subjects were followed for 4 more hours. After the second dose of ascorbic acid the maximum average Sensor bias increased, with minimal change in Sensor bias after the third dose, suggesting that saturation had occurred by the second 1000 mg dose of ascorbic acid. The maximum average Sensor bias after the three 1000 mg doses of ascorbic acid was less than 20 mg/dL.

Libre 3 Plus Sensor Performance Characteristics

Overview of Clinical Study

A clinical study was conducted in the United States (US) to evaluate the performance, safety, effectiveness, and precision of the System. The study enrolled a total of 285 evaluable participants in 7 centers across the United States and included adult (18 years and older) and pediatric (2 to 17 years) participants. There were 149 adult participants, 124 pediatric participants ages 6-17, and 12 pediatric participants ages 2-5. 264 participants had Type 1 diabetes mellitus and 21 participants had Type 2 diabetes mellitus. All subjects required insulin to manage their diabetes.

To measure the precision of the System, each subject wore two Sensors, one on the back of each upper arm, for a period of up to 15 days. Participants ages 6 and older had their venous blood glucose analyzed using a laboratory reference method, the Yellow Springs Instrument Life Sciences 2300 STAT Plus™ Glucose & Lactate Analyzer (YSI) over up to three separate visits to the clinical center. Sensor glucose readings were then compared to the YSI glucose results to evaluate the System's performance.

Clinic sessions took place at the beginning (days 1, 2, and 3), early middle (days 5, 6, and 7), late middle (days 9, 10 and 11) and end (days 13, 14, and 15) of Sensor wear. Each visit lasted up to ten hours. During each visit, subjects age 11 and older had their glucose levels deliberately manipulated per the study protocol to raise or lower glucose. This was done to assess System performance over the range that the System measures glucose (40 – 400 mg/dL). Glucose was not manipulated for participants 10 years and younger. For participants ages 2-5, System performance was compared against a self-monitoring blood glucose meter during a 4-hour clinic visit. All participants tested their blood glucose using fingerstick capillary samples at least four times during each day of the study.

Accuracy

Accuracy of the System was measured by comparing paired Sensor glucose readings (CGM) to YSI blood glucose values. For blood glucose values <70 mg/dL, the difference in mg/dL between the CGM and YSI blood glucose values was calculated. For values ≥ 70 mg/dL, the relative difference (%) to the YSI blood glucose values was calculated. The percentage of total CGM readings that were within 20 mg/dL or 20% of YSI blood glucose values is displayed in **Table 1**. The Mean Absolute Relative Difference (MARD) gives an indication of the average percent disagreement between the CGM and the reference. For example, for adult participants, 93.7% of the readings fell within ± 20 mg/dL of YSI blood glucose values <70 mg/dL and within $\pm 20\%$ of YSI blood glucose values ≥ 70 mg/dL. For both adult and pediatric participants, the Mean Absolute Relative Difference was 8.2% for the comparison with YSI reference.

Table 1: Overall Accuracy to YSI Reference

Subject Group	Number of CGM-Reference Pairs	Number of Subjects	Percent Within $\pm 20\%$ / ± 20 mg/dL	Percent Within $\pm 20\%$ / ± 20 mg/dL on Day 1	Percent Within $\pm 20\%$ / ± 20 mg/dL in first 12 hours	MARD (%)
Adults	20497	149	93.7	82.9	79.2	8.2
Children (age 6-17)	7025	124	93.5	89.8	90.5	8.2
Children (age 2-5)*	135	10	86.7	78.9	88.9	9.7

* No YSI measurements were obtained for children ages 2-5; results displayed are from CGM-SMBG matched paired measurements obtained during clinic visits from 10 of the 12 subjects. 2 of the 12 subjects did not have CGM-SMBG matched paired measurements obtained from clinic visits.

The following tables give you further accuracy information within CGM glucose ranges (**Tables 2 and 3**) and within YSI glucose ranges (**Tables 4 and 5**). This information tells you how likely it is that your Sensor glucose reading matches your blood glucose level.

Table 2: Accuracy to YSI within CGM Glucose Ranges (Adult; n=149)

CGM Glucose Level (mg/dL)	Number of CGM- Reference Pairs	Percent Within ±15 mg/dL	Percent Within ±20 mg/dL	Percent Within ±40 mg/dL	Percent Within ±15%	Percent Within ±20%	Percent Within ±40%	Mean bias (mg/dL)	MARD (%)
<54	555	84.3	91.0	98.4				-5.9	14.1
54-69	3157	91.5	95.2	99.1				-3.8	10.0
70-180	8258				82.3	90.2	99.1	-6.0	9.5
181-250	2976				89.9	94.5	99.9	-9.1	7.4
>250	5551				96.5	98.7	100.0	-3.1	5.1

Table 3: Accuracy to YSI within CGM Glucose Ranges (Pediatric*; n=124)

CGM Glucose Level (mg/dL)	Number of CGM-Reference Pairs	Percent Within ± 15 mg/dL	Percent Within ± 20 mg/dL	Percent Within ± 40 mg/dL	Percent Within $\pm 15\%$	Percent Within $\pm 20\%$	Percent Within $\pm 40\%$	Mean bias (mg/dL)	MARD (%)
<54	175	75.4	86.3	97.7				-8.9	15.7
54-69	755	84.5	88.6	97.5				-6.9	11.2
70-180	3074				82.6	90.9	99.6	-8.1	9.2
181-250	1176				92.0	97.4	100.0	-11.2	7.5
>250	1845				98.3	99.8	100.0	-3.5	4.8

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Table 4: Accuracy to YSI within YSI Glucose Ranges (Adult; n=149)

YSI Glucose Level (mg/dL)	Number of CGM- Reference Pairs	Percent Within ±15 mg/dL	Percent Within ±20 mg/dL	Percent Within ±40 mg/dL	Percent Within ±15%	Percent Within ±20%	Percent Within ±40%	Mean bias (mg/dL)	MARD (%)
<54	460	93.9	98.3	100.0				6.7	14.4
54-69	2799	97.6	99.0	99.6				-0.1	8.4
70-180	8386				80.6	89.2	98.9	-5.8	9.8
181-250	2792				89.9	94.6	99.7	-6.3	7.3
>250	6060				94.2	96.8	99.9	-7.5	5.8

Table 5: Accuracy to YSI within YSI Glucose Ranges (Pediatric*; n=124)

YSI Glucose Level (mg/dL)	Number of CGM- Reference Pairs	Percent Within ±15 mg/dL	Percent Within ±20 mg/dL	Percent Within ±40 mg/dL	Percent Within ±15%	Percent Within ±20%	Percent Within ±40%	Mean bias (mg/dL)	MARD (%)
<54	94	100.0	100.0	100.0				4.1	9.7
54-69	599	97.7	99.8	100.0				-2.1	7.6
70-180	3178				79.4	87.9	99.0	-7.8	10.1
181-250	1080				89.8	96.2	99.8	-8.7	7.6
>250	2074				96.5	98.7	99.9	-8.0	5.6

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Agreement of 'LO' and 'HI' CGM Reading to YSI Reference

The System reports glucose concentrations between 40 and 400 mg/dL. When the System determines that glucose level is below 40 mg/dL, it will report as 'LO'. When the System determines that glucose level is above 400 mg/dL, it will report as 'HI'. **Tables 6 and 7** show the comparison of a CGM 'LO' reading to the reference YSI glucose. For example, for adult participants, when CGM reading was 'LO', YSI glucose values were less than 50 mg/dL 100.0% of the time.

Table 6: Distribution of YSI Values when CGM Reading is 'LO' (Adult; n=149)

CGM-Reference Pairs	YSI (mg/dL)					N
	<50	<60	<70	<80	≥80	
n	1	1	1	1	0	1
Cumulative %	100.0	100.0	100.0	100.0	0.0	

Table 7: Distribution of YSI Values when CGM Reading is 'LO' (Pediatric*; n=124)

CGM-Reference Pairs	YSI (mg/dL)					N
	<50	<60	<70	<80	≥80	
n	0	3	4	4	0	4
Cumulative %	0	75.0	100.0	100.0	0.0	

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Tables 8 and 9 show the comparison of a CGM 'HI' reading to the reference YSI glucose. For example, for adult participants, when CGM reading was 'HI', YSI glucose values were above 350 mg/dL 98.3% of the time and above 300 mg/dL 100.0% of the time.

Table 8: Distribution of YSI Values when CGM Reading is 'HI' (Adult; n=149)

CGM-Reference Pairs	YSI (mg/dL)				N
	>350	>300	>250	≤250	
n	119	121	121	0	121
Cumulative %	98.3	100.0	100.0	0.0	

Table 9: Distribution of YSI Values when CGM Reading is 'HI' (Pediatric*; n=124)

CGM-Reference Pairs	YSI (mg/dL)				N
	>350	>300	>250	≤250	
n	49	49	49	0	49
Cumulative %	100.0	100.0	100.0	0.0	

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Concurrence of System and Reference (CGM vs. YSI)

The following tables show the concurrence of the CGM readings to YSI values. **Tables 10 and 11** tell you for each CGM range what percentage of YSI values were in the same glucose range as the CGM (shaded) or in glucose ranges above or below the CGM. For example, for adult participants, when the System glucose readings were within the 81 to 120 mg/dL range, actual blood glucose values were between 40 and 60 mg/dL 0.2% of the time, between 61 and 80 mg/dL 6.6% of the time, between 81 and 120 mg/dL 71.5% of the time, between 121 and 160 mg/dL 20.4% of the time, between 161 and 200 mg/dL 1.2% of the time, and between 201 and 250 mg/dL 0.1% of the time. **Tables 12 and 13** tell you for each YSI range what percentage of CGM readings were in the same glucose range (shaded) as the YSI or in glucose ranges above or below the YSI.

Table 10: Concurrence Analysis by CGM Glucose Level (Adult; n=149)

CGM Glucose Level (mg/dL)	YSI Glucose Level (mg/dL)											N
	<40	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400	
<40 [†]	.	100.0	.	.	.	.	.	.	.	.	.	1
40-60	0.7	53.1	42.1	4.0	0.1	0.1	.	.	.	.	.	1929
61-80	0.0	12.2	68.0	19.0	0.7	.	.	.	.	.	.	3112
81-120	.	0.2	6.6	71.5	20.4	1.2	0.1	.	.	.	.	3338
121-160	.	.	0.1	6.8	72.5	19.2	1.2	0.2	.	.	.	2568
161-200	.	.	.	0.1	9.7	68.2	18.9	3.0	0.1	.	.	1897
201-250	.	.	.	.	0.2	8.6	61.7	27.2	2.4	.	.	2102
251-300	.	.	.	.	.	0.0	6.1	71.5	21.5	0.8	0.1	2818
301-350	.	.	.	.	.	.	0.1	16.4	74.6	8.7	0.3	2100
351-400	.	.	.	.	.	.	0.2	1.3	22.7	70.6	5.2	633
>400 [†]	.	.	.	.	.	.	.	.	1.7	60.3	38.0	121

[†] Levels out of System dynamic range.

Table 11: Concurrence Analysis by CGM Glucose Level (Pediatric*; n=124)

CGM Glucose Level (mg/dL)	YSI Glucose Level (mg/dL)											N
	<40	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400	
<40[†]	.	75.0	25.0	.	.	.	.	.	.	.	.	4
40-60	.	46.5	44.5	8.0	1.0	.	.	.	.	.	.	499
61-80	.	6.2	62.4	30.5	1.0	.	.	.	.	.	.	840
81-120	.	0.1	4.1	71.0	24.1	0.7	.	.	.	.	.	1321
121-160	.	.	.	7.2	71.6	21.0	0.2	.	.	.	.	975
161-200	.	.	.	.	9.0	65.1	25.0	0.7	0.1	.	.	680
201-250	.	.	.	.	.	6.1	61.0	31.3	0.6	0.9	.	865
251-300	.	.	.	.	.	.	6.1	75.7	18.1	0.1	.	995
301-350	.	.	.	.	.	.	.	11.2	79.4	9.4	.	607
351-400	.	.	.	.	.	.	.	0.4	24.3	67.1	8.2	243
>400[†]	.	.	.	.	.	.	.	.	.	34.7	65.3	49

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

[†] Levels out of System dynamic range.

Table 12: Concurrence Analysis by YSI Glucose Level (Adult; n=149)

YSI Glucose Level (mg/dL)	CGM Glucose Level (mg/dL)											N
	<40 [†]	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400 [†]	
<40	.	92.9	7.1	.	.	.	.	.	.	.	.	14
40-60	0.1	72.5	26.9	0.5	.	.	.	.	.	.	.	1412
61-80	.	25.8	67.2	7.0	0.1	.	.	.	.	.	.	3151
81-120	.	2.4	18.3	73.8	5.4	0.1	.	.	.	.	.	3233
121-160	.	0.0	0.8	24.7	67.6	6.7	0.1	.	.	.	.	2754
161-200	.	0.0	.	2.0	24.6	64.3	9.0	0.0	.	.	.	2011
201-250	.	.	.	0.1	1.7	19.3	69.6	9.2	0.1	0.1	.	1863
251-300	.	.	.	.	0.2	1.9	19.0	67.1	11.5	0.3	.	3001
301-350	.	.	.	.	.	0.0	2.1	25.5	66.1	6.1	0.1	2368
351-400	.	.	.	.	.	.	.	3.2	25.1	61.7	10.1	725
>400	.	.	.	.	.	.	.	2.3	6.9	37.9	52.9	87

[†] Levels out of System dynamic range.

Table 13: Concurrence Analysis by YSI Glucose Level (Pediatric*; n=124)

YSI Glucose Level (mg/dL)	CGM Glucose Level (mg/dL)											N
	<40 [†]	40-60	61-80	81-120	121-160	161-200	201-250	251-300	301-350	351-400	>400 [†]	
<40	.	.	.	.	.	.	.	.	.	.	.	0
40-60	1.0	80.6	18.1	0.3	.	.	.	.	.	.	.	288
61-80	0.1	27.7	65.4	6.7	.	.	.	.	.	.	.	801
81-120	.	3.1	19.6	71.9	5.4	.	.	.	.	.	.	1304
121-160	.	0.5	0.7	29.2	64.0	5.6	.	.	.	.	.	1091
161-200	.	.	.	1.3	28.9	62.4	7.5	.	.	.	.	710
201-250	.	.	.	.	0.3	22.3	69.4	8.0	.	.	.	761
251-300	.	.	.	.	.	0.5	24.7	68.6	6.2	0.1	.	1098
301-350	.	.	.	.	.	0.1	0.7	24.8	66.3	8.1	.	727
351-400	.	.	.	.	.	.	3.3	0.4	23.2	66.3	6.9	246
>400	.	.	.	.	.	.	.	.	.	38.5	61.5	52

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

[†] Levels out of System dynamic range.

Glucose Trend Arrow Accuracy

The System's ability to detect glucose rate of change (displayed by the Glucose Trend Arrow) was assessed against the YSI reference rate of change. The analysis is presented in **Tables 14 and 15**. The following example shows how to use the information in the tables. For adult participants, when the Glucose Trend Arrow indicated that glucose was changing slowly downward (-1 to 0 mg/dL/min), actual glucose levels in the body were falling quickly (<-2 mg/dL/min) 1.5% of the time, falling (-2 to -1 mg/dL/min) 7.8% of the time, changing slowly downward (-1 to 0 mg/dL/min) 65.8% of the time, changing slowly upward (0 to 1 mg/dL/min) 21.1% of the time, rising (1 to 2 mg/dL/min) 2.6% of the time, and were rising quickly (>2 mg/dL/min) 1.2% of the time. Note that digitally connected systems which don't use the System's trend arrow calculations may see different glucose rate of change accuracy.

Table 14: Trend Arrow Accuracy versus YSI (Adult; n=149)

CGM Rate Change (mg/dL/min)	YSI Rate Change (mg/dL/min)						N
	<-2	[-2, -1]	[-1, 0]	[0, 1]	(1, 2]	>2	
<-2 (↓)	31.5	43.1	20.0	3.4	1.0	1.0	295
-2 to -1 (↘)	11.1	44.5	37.8	5.5	0.8	0.4	841
-1 to 0 (→)	1.5	7.8	65.8	21.1	2.6	1.2	9254
0 to 1 (→)	1.1	4.2	25.5	47.2	15.2	6.7	6905
1 to 2 (↗)	0.1	2.9	9.9	29.9	36.7	20.6	1577
>2 (↑)	.	1.2	4.8	17.5	32.2	44.3	1038

Table 15: Trend Arrow Accuracy versus YSI (Pediatric*; n=124)

CGM Rate Change (mg/dL/min)	YSI Rate Change (mg/dL/min)						N
	<-2	[-2, -1)	[-1, 0)	[0, 1]	(1, 2]	>2	
<-2 (↓)	27.7	53.5	16.8	1.0	1.0	.	101
-2 to -1 (↘)	8.2	46.8	39.9	3.5	1.1	0.5	376
-1 to 0 (→)	1.1	8.8	66.5	20.5	2.0	1.1	2969
0 to 1 (→)	1.2	3.3	24.6	51.7	13.1	6.2	2344
1 to 2 (↗)	.	3.2	8.8	30.8	39.9	17.3	571
>2 (↑)	.	2.0	5.4	15.2	32.4	45.1	408

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Alarm Performance

The tables in this section show the accuracy of the System's Low and High Glucose Alarms. The Alarm Rate tells you how often the alarm is right or wrong. The Detection Rate tells you how often the System is able to recognize and notify you about a low or high glucose event.

Low Glucose Alarm Performance

Tables 16 and 17 display the percentages for these parameters:

True Alarm Rate

Tells you: When you got a low glucose alarm, were you actually low?

Definition: Percentage of time the alarm issued and blood glucose was below the alarm level within 15 minutes before or after the alarm.

False Alarm Rate

Tells you: Did you get a low glucose alarm that you shouldn't have?

Definition: Percentage of time the alarm issued and blood glucose was not below the alarm level within 15 minutes before or after the alarm.

Detection Rate

Tells you: When you were low, did you get a low glucose alarm?

Definition: Percentage of time blood glucose was below the alarm level and the alarm issued within 15 minutes before or after the glucose event.

Missed Detection Rate

Tells you: When you were low, did you miss a low glucose alarm?

Definition: Percentage of time blood glucose was below the alarm level and the alarm didn't issue within 15 minutes before or after the glucose event.

For example, for a Low Glucose alarm level set to 70 mg/dL in the adult population:

84.6% of the time a low glucose alarm was received when blood glucose was indeed below the alarm level but 15.4% of the time a low glucose alarm was received when blood glucose wasn't actually below the alarm level.

95.5% of the time blood glucose was below the alarm level and a low glucose alarm was appropriately issued but 4.5% of the time the glucose event was missed and no alarm was issued.

Table 16: Low Glucose Alarm Performance (Adult; n=149)

Low Glucose Alarm level (mg/dL)	Alarm Rate			Detection Rate		
	Number of Events (n)	True Alarm Rate (%)	False Alarm Rate (%)	Number of Events (n)	Correct Detection Rate (%)	Missed Detection Rate (%)
60	9756	71.1	28.9	1376	84.5	15.5
70	23078	84.6	15.4	3451	95.5	4.5
80	33676	90.8	9.2	4655	98.0	2.0
90	42322	92.2	7.8	5525	98.8	1.2

Table 17: Low Glucose Alarm Performance (Pediatric*; n=124)

Low Glucose Alarm level (mg/dL)	Alarm Rate			Detection Rate		
	Number of Events (n)	True Alarm Rate (%)	False Alarm Rate(%)	Number of Events (n)	Correct Detection Rate (%)	Missed Detection Rate (%)
60	2760	58.9	41.1	275	87.6	12.4
70	6138	74.2	25.8	735	98.6	1.4
80	9664	82.8	17.2	1104	98.6	1.4
90	13113	88.3	11.7	1434	99.7	0.3

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

High Glucose Alarm Performance

Tables 18 and 19 display the percentages for these parameters:

True Alarm Rate

Tells you: When you got a high glucose alarm, were you actually high?

Definition: Percentage of time the alarm issued and blood glucose was above the alarm level within 15 minutes before or after the alarm.

False Alarm Rate

Tells you: Did you get a high glucose alarm that you shouldn't have?

Definition: Percentage of time the alarm issued and blood glucose was not above the alarm level within 15 minutes before or after the alarm.

Detection Rate

Tells you: When you were high, did you get a high glucose alarm?

Definition: Percentage of time blood glucose was above the alarm level and the alarm issued within 15 minutes before or after the glucose event.

Missed Detection Rate

Tells you: When you were high, did you miss a high glucose alarm?

Definition: Amount of time blood glucose was above the alarm level and the alarm didn't issue within 15 minutes before or after the glucose event.

For example, for a High Glucose alarm level set to 200 mg/dL in the adult population: 98.5% of the time a high glucose alarm was received when blood glucose was indeed above the alarm level but 1.5% of the time a high glucose alarm was received when blood glucose wasn't actually above the alarm level.

98.0% of the time blood glucose was above the alarm level and a high glucose alarm was appropriately issued but 2.0% of the time the glucose event was missed and no alarm was issued.

Table 18: High Glucose Alarm Performance (Adult; n=149)

High Glucose Alarm level (mg/dL)	Alarm Rate			Detection Rate		
	Number of Events (n)	True Alarm Rate (%)	False Alarm Rate (%)	Number of Events (n)	Correct Detection Rate (%)	Missed Detection Rate (%)
120	96119	99.3	0.7	13212	97.8	2.2
140	83016	99.2	0.8	11728	98.0	2.0
180	61513	98.8	1.2	9337	98.0	2.0
200	53287	98.5	1.5	8388	98.0	2.0
220	45745	98.4	1.6	7615	97.8	2.2
240	38393	98.9	1.1	6902	97.2	2.8
300	16594	94.8	5.2	3369	91.2	8.8

Table 19: High Glucose Alarm Performance (Pediatric*; n=124)

High Glucose Alarm level (mg/dL)	Alarm Rate			Detection Rate		
	Number of Events (n)	True Alarm Rate (%)	False Alarm Rate (%)	Number of Events (n)	Correct Detection Rate (%)	Missed Detection Rate (%)
120	34730	99.4	0.6	4845	97.2	2.8
140	29844	99.2	0.8	4268	97.2	2.8
180	21855	99.0	1.0	3352	97.9	2.1
200	18820	99.2	0.8	3030	97.9	2.1
220	15886	98.8	1.2	2753	96.9	3.1
240	12743	98.4	1.6	2449	96.0	4.0
300	5140	97.5	2.5	1098	92.2	7.8

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Sensor Accuracy Over Time

The Libre 3 Plus Sensor can be worn for up to 15 days. The percentage of System readings within YSI values and the Mean Absolute Relative Difference (MARD) is presented for the following different wear periods in **Tables 20 and 21**: Beginning (Adult: 105 subjects, Day 1, 2, or 3; Pediatric: 57 subjects, Day 1, 2, or 3), Early Middle (Adult: 94 subjects, Day 5, 6, or 7; Pediatric: 51 subjects, Day 5, 6, or 7), Late Middle (Adult: 90 subjects, Day 9, 10, or 11; Pediatric: 35 subjects, Day 9, 10, or 11), and End (Adult: 95 subjects, Day 13, 14, or 15; Pediatric: 33 subjects, Day 13, 14, or 15). For values 70 mg/dL and above, the percentage of readings within 15%, 20%, and 40% of the YSI value was calculated. For values below 70 mg/dL, the percentage of readings within 15 mg/dL, 20 mg/dL, and 40 mg/dL of the YSI value was calculated.

Table 20: Sensor Accuracy Relative to YSI Over Wear Duration (Adult; n=149)

Wear Period	Number of CGM-reference pairs	MARD (%)	Within $\pm 15\%$ / ± 15 mg/dL	Within $\pm 20\%$ / ± 20 mg/dL	Within $\pm 40\%$ / ± 40 mg/dL
Beginning (days 1-3)	5410	10.0	83.0	89.7	99.1
Early Middle (days 5-7)	5043	7.2	91.6	96.1	99.8
Late Middle (days 9-11)	5142	7.7	89.9	94.8	99.3
End (days 13-15)	4902	7.8	90.0	94.5	99.6

Table 21: Sensor Accuracy Relative to YSI Over Wear Duration (Pediatric*; n=124)

Wear Period	Number of CGM-reference pairs	MARD (%)	Within $\pm 15\%$ / ± 15 mg/dL	Within $\pm 20\%$ / ± 20 mg/dL	Within $\pm 40\%$ / ± 40 mg/dL
Beginning (days 1-3)	2634	9.0	84.0	91.0	99.5
Early Middle (days 5-7)	2277	6.9	92.3	97.3	99.9
Late Middle (days 9-11)	1209	6.9	92.3	96.9	99.8
End (days 13-15)	905	10.4	82.1	87.0	97.9

* Includes children 6-17 years of age. No YSI measurements were obtained for children 2-5 years of age.

Sensor Wear Duration

The Libre 3 Plus Sensor can be worn for up to 15 days. To estimate how long a Sensor will work over the wear duration, 151 Sensors were evaluated in the adult population and 142 Sensors were evaluated in the pediatric population to determine how many days of readings each Sensor provided. Subjects wore two Sensors simultaneously. Some Sensors were excluded from the survival analysis due to reasons not related to the device (e.g., subject dropped out of study or physical factors such as accidental knocking off the Sensor etc.). Of the 151 Sensors in the adult population, 83.1% lasted until the final day of use. 4 Sensors (2.6%) had “early sensor shut-off” where the Sensor algorithm detected that the Sensors did not function as intended and presented the user with a Replace Sensor message. In the pediatric population, 76.8% of the Sensors lasted until the final day of use. 3 Sensors (2.1%) had “early sensor shut-off” where the Sensor algorithm detected that the Sensors did not function as intended and presented the user with a Replace Sensor message. **Tables 22 and 23** display the data for each day in the wear duration for the adult and pediatric populations.

Another clinical study was also conducted to further evaluate wear duration in subjects who wore only a single Sensor. Of the 39 Sensors evaluated in this study, 94.9% lasted until the final day of use.

Table 22: Sensor Survival Rate Over Wear Duration (Adult; n=151)

Day of Wear	Number of Sensors	Survival Rate (%)
1	150	100.0
2	150	100.0
3	149	99.3
4	147	98.7
5	142	96.0
6	139	95.3
7	138	95.3
8	131	92.5
9	129	91.1
10	127	90.4
11	125	88.9
12	122	87.5
13	118	85.3
14	111	83.1
15	105	83.1

Table 23: Sensor Survival Rate Over Wear Duration (Pediatric; n=142)

Day of Wear	Number of Sensors	Survival Rate (%)
1	141	100.0
2	140	99.3
3	140	99.3
4	136	96.5
5	134	95.0
6	131	93.6
7	129	92.9
8	126	90.7
9	123	90.0
10	119	89.3
11	115	87.7
12	111	85.4
13	102	79.3
14	97	77.7
15	85	76.8

Glucose Reading Availability

The Libre 3 Plus Sensor can provide a valid Sensor reading every minute. **Tables 24 and 25** show the expected glucose reading capture rate for each day of the wear duration.

Table 24: Glucose Reading Capture Rate Over Wear Duration (Adult; n=150)

Day of Wear	Number of Sensors	Capture Rate (%)
1	146	96.4
2	146	97.4
3	146	97.7
4	142	97.8
5	143	97.9
6	141	97.9
7	136	98.1
8	135	98.1
9	130	98.2
10	127	98.3
11	125	98.2
12	123	98.2
13	118	98.2
14	116	98.2
15	111	98.3

Table 25: Glucose Reading Capture Rate Over Wear Duration (Pediatric; n=142)

Day of Wear	Number of Sensors	Capture Rate (%)
1	141	96.9
2	138	96.5
3	135	97.1
4	137	96.6
5	137	96.9
6	129	96.9
7	127	97.0
8	122	96.8
9	118	96.6
10	118	96.6
11	112	96.5
12	111	96.4
13	109	96.3
14	101	96.3
15	101	96.1

Precision

Precision of the System was evaluated by comparing the glucose readings from two separate Sensors worn on the same subject at the same time. **Table 26** provides data from 148 adult participants and 136 pediatric participants. For adults, the paired absolute relative difference (PARD) between the two Sensors was 8.0% with coefficient of variation (CV) of 5.6%. For children ages 6-17, PARD was 8.6% with CV of 6.1%. For children ages 2-5, PARD was 6.5% with CV of 4.6%. Paired absolute difference (PAD) is a measurement of absolute difference (in mg/dL) between paired CGM readings, while PARD is the absolute relative difference (in %) between paired CGM readings.

Table 26: Overall between Sensor Precision

	Coefficient of Variation (%)	Paired Absolute Difference (mg/dL)	Paired Absolute Relative Difference (%)	Number of Paired Readings
Adults ages 18+	5.6	12.3	8.0	25029
Children ages 6-17	6.1	13.8	8.6	10945
Children ages 2-5	4.6	10.5	6.5	428

Adverse Events

No device related serious adverse events occurred during the study. Mild skin irritations, such as erythema (16 instances), bruising (3 instances), and rash (3 instances) were reported around the insertion site and adhesive area by a small number of subjects (14 out of 293 or 4.8%).

Vitamin C Interference (Libre 3 Plus Sensor)

Taking more than 1000 mg of Vitamin C per day may falsely raise your Sensor readings, which could cause you to miss a severe low glucose event. Vitamin C can be found in supplements including multivitamins and cold remedies such as Airborne® and Emergen-C®. See your health care professional to understand how long Vitamin C is active in your body.

Additional Notes for Health Care Professionals

While using the Libre 3 Sensor, ascorbic acid (Vitamin C) doses of larger than 500 mg per day can affect the Sensor readings, making them look higher than they really are. While using the Libre 3 Plus Sensor, users can take up to 1000 mg of ascorbic acid per day and can still use the Sensor readings to make treatment decisions.

A clinical study was conducted to evaluate the effect of ascorbic acid on the performance of the Libre 3 Plus Sensor. Data from 60 adult subjects with diabetes was collected over a 13-hour period. Each subject had a one-hour baseline phase where venous blood was collected every 10 minutes. After this first hour, a dose of 1000 mg ascorbic acid was given with a meal and venous samples were collected every 15 minutes for the next 12 hours. A maximum average Sensor bias of +5.1 mg/dL was observed around 2 hours after the 1000 mg ascorbic acid dose. Subjects then received a second dose of 1000 mg ascorbic acid with a meal and the same process was continued for another 4 hours. A third dose of 1000 mg ascorbic acid was then given, and study subjects were followed for 4 more hours. After the second dose of ascorbic acid the maximum average Sensor bias increased, with minimal change in Sensor bias after the third dose, suggesting

that saturation had occurred by the second 1000 mg dose of ascorbic acid. The maximum average Sensor bias after the three 1000 mg doses of ascorbic acid was +9.2 mg/dL.

Sensor Insertion Experience

Clinical study subjects were asked to complete a survey about their experience inserting the Sensor. Survey results were as follows:

99.0% said their Sensor insertions were easy (strongly agree or agree). (n=99)

98.3% said their Sensor insertions were painless (no, slight, or mild pain). (n=89)

Electromagnetic Compatibility (EMC)

FreeStyle Libre 3 Reader - FCC ID: QXS-LIB02

FreeStyle Libre 3 and Libre 3 Plus Sensor- FCC ID: QXS-LIB03S

- The System needs special precautions regarding EMC and needs to be installed and put into service according to the EMC information provided in this manual.
- Portable and mobile RF communications equipment can affect the System.
- Use of accessories, transducers, and cables other than those specified or provided by Abbott Diabetes Care could result in increased electromagnetic emissions or decreased electromagnetic immunity of the System and result in improper operation.
- The System should not be used adjacent to or stacked with other equipment and that if adjacent or stacked use is necessary, the System should be observed to verify normal operation in the configuration in which it will be used.
- The device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) The device may not cause harmful interference, and (2) the device must accept any interference received, including interference that may cause undesired operation.
- Changes or modifications not approved by Abbott could void the user's authority to operate the equipment.

Guidance and manufacturer's declaration – electromagnetic emissions

The System is intended for use in the electromagnetic environment specified below. The customer or the user of the System should assure that it is used in such an environment.

Emissions test	Compliance	Electromagnetic environment – guidance
RF emissions CISPR 11	Group 1	The System uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class B	The System is suitable for use in all establishments, including domestic establishments and those directly connected to the public low voltage power supply network that supplies buildings used for domestic purposes.
Harmonic emissions IEC 61000-3-2	Class A	
Voltage fluctuations / flicker emissions IEC 61000-3-3	Complies	

Guidance and manufacturer's declaration – electromagnetic immunity

The System is intended for use in the electromagnetic environment specified below. The customer or the user of the System should assure that it is used in such an environment.

Immunity test	IEC 60601 test level	Compliance Level	Electromagnetic environment – guidance
Electrostatic discharge (ESD) IEC 61000-4-2	± 8 kV contact ± 2 kV, 4 kV, 8 kV, 15 kV air	± 8 kV contact ± 2 kV, 4 kV, 8 kV, 15 kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electrical fast transient/burst IEC 61000-4-4	± 2 kV for power supply lines (100 kHz frequency) ± 1 kV for signal lines (100 kHz frequency)	± 2 kV for power supply lines (100 kHz frequency) ± 1 kV for signal lines (100 kHz frequency)	Mains power quality should be that of a typical domestic, commercial, or hospital environment.

Immunity test	IEC 60601 test level	Compliance Level	Electromagnetic environment – guidance
Surge IEC 61000-4-5	± 1 kV differential mode ± 2 kV common mode	± 1 kV differential mode ± 2 kV common mode	Mains power quality should be that of a typical domestic, commercial, or hospital environment.
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	0% U_T ; 0.5 cycle At $0^\circ, 45^\circ, 90^\circ, 135^\circ, 180^\circ, 225^\circ, 270^\circ$ and 315° 0% U_T ; 1 cycle and 70% U_T ; 25/30 cycles Single phase: at 0° 0% U_T ; 250/300 cycle	0% U_T ; 0.5 cycle At $0^\circ, 45^\circ, 90^\circ, 135^\circ, 180^\circ, 225^\circ, 270^\circ$ and 315° 0% U_T ; 1 cycle and 70% U_T ; 25/30 cycles Single phase: at 0° 0% U_T ; 250/300 cycle	Mains power quality should be that of a typical domestic, commercial, or hospital environment. If the user of the System requires continued operation during power mains interruptions, it is recommended that the System be powered from an uninterruptible power supply or a battery.

NOTE U_T is the a.c. mains voltage prior to application of the test level

Immunity test	IEC 60601 test level	Compliance Level	Electromagnetic environment – guidance
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	30 A/m; 50 Hz or 60 Hz	30 A/m; 50 Hz or 60 Hz	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical domestic, commercial, or hospital environment.

Immunity test	IEC 60601 test level	Compliance Level	Electromagnetic environment – guidance
Conducted RF IEC 61000-4-6	3 V; 0.15 MHz - 80 MHz 6 V in ISM and amateur radio bands; 0.15 MHz - 80 MHz 80% AM at 1 kHz	3 V; 0.15 MHz - 80 MHz 6 V in ISM and amateur radio bands; 0.15 MHz - 80 MHz 80% AM at 1 kHz	Portable RF communications equipment (including peripherals such as antenna cables and external antennas) should be used no closer than 30 cm (12 inches) to any part of the System, including cables specified by Abbott Diabetes Care. Otherwise degradation of the performance of the System could result.
Radiated RF IEC 61000-4-3	10 V/m 80 MHz - 2.7 GHz; 80% AM at 1 kHz	10 V/m 80 MHz - 2.7 GHz; 80% AM at 1 kHz	
Proximity fields from RF wireless communications equipment IEC 61000-4-3	See table on next page	Compliance to the tested levels	

The table below lists the immunity levels at specific test frequencies for testing the effects of some wireless communications equipment. The frequencies and services listed in the table are representative examples in healthcare and various locations where the System may be used.

Test frequency (MHz)	Band ^{a)} (MHz)	Service ^{a)}	Modulation ^{b)}	Maximum power (W)	Distance (m)	IMMUNITY TEST LEVEL (V/m)
385	380 – 390	TETRA 400	Pulse modulation ^{b)} 18 Hz	1.8	0.3	27
450	430 – 470	GMRS 460, FRS 460	FM ^{d)} ± 5 kHz deviation 1 kHz sine	2	0.3	28
710	704 – 787	LTE Band 13, 17	Pulse modulation ^{b)} 217 Hz	0.2	0.3	9
745						
780						
810	800 – 960	GSM 800/900, TETRA 800, iDEN 820, CDMA 850, LTE Band 5	Pulse modulation ^{b)} 18 Hz	2	0.3	28
870						
930						

Test frequency (MHz)	Band ^{a)} (MHz)	Service ^{a)}	Modulation ^{b)}	Maximum power (W)	Distance (m)	IMMUNITY TEST LEVEL (V/m)
1720	1700 – 1990	GSM 1800; CDMA 1900; GSM 1900; DECT; LTE Band 1, 3, 4, 25; UMTS	Pulse modulation ^{b)} 217 Hz	2	0.3	28
1845						
1970						
2450	2400 – 2570	Bluetooth, WLAN, 802.11 b/g/n, RFID 2450, LTE Band 7	Pulse modulation ^{b)} 217 Hz	2	0.3	28
5240	5100 – 5800	WLAN 802.11 a/n	Pulse modulation ^{b)} 217 Hz	0.2	0.3	9
5500						
5785						

^{a)} For some services, only the uplink frequencies are included.

^{b)} The carrier is modulated using a 50% duty cycle square wave signal.

^{c)} As an alternative to FM modulation, 50% pulse modulation at 18 Hz may be used because while it does not represent actual modulation, it would be worst case.

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Version 1.1 - 26 February 2007

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References:

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