



EYEDOC RETINAL PATHOLOGY REVIEW FORM



ID NUMBER: [][][][][][][][][]

FORM CODE: [E] [R] [R]

DATE: 04/28/2017
Version 1.0

Instructions: This form is completed by the Wilmer Ophthalmologist reviewing OCT and retinal photographic images to document pathology notification. A retinal pathology review form is completed for every participant to document review of images. If an eye is judged to have a treatable pathologic condition that poses an imminent threat to vision, the presence of pathology is indicated. An alert report is auto-generated for the field centers once a notification is entered into the Data Entry System.

ADMINISTRATIVE INFORMATION

0a. Completion Date: [][] [][] [][][][]
Month Day Year

0b. Staff ID: [][][]

1. Which eye(s) was this pathology review for? 1 Right eye only
 2 Left eye only
 3 Both eyes

ABNORMAL FINDINGS (NO ALERT REQUIRED)

	Right Eye	Left Eye	None	
2. Active Proliferative Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	→If none, Go to 3
2a. NVD.....	<input type="checkbox"/>	<input type="checkbox"/>		
2b. NVE.....	<input type="checkbox"/>	<input type="checkbox"/>		
2c. PRH.....	<input type="checkbox"/>	<input type="checkbox"/>		
2d. VH.....	<input type="checkbox"/>	<input type="checkbox"/>		
2e. Retinal detachment.....	<input type="checkbox"/>	<input type="checkbox"/>		
2f. Scatter/local rx	<input type="checkbox"/>	<input type="checkbox"/>		

	Right Eye	Left Eye	None
3. Proliferative Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →If none, Go to 4
3a. VB	<input type="checkbox"/>	<input type="checkbox"/>	
3b. Significant IRMA	<input type="checkbox"/>	<input type="checkbox"/>	
3c. Significant HMA	<input type="checkbox"/>	<input type="checkbox"/>	
4. Macular Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →If none, Go to 5
4a. Cystoid Lesion or condition	<input type="checkbox"/>	<input type="checkbox"/>	
4b. CSME	<input type="checkbox"/>	<input type="checkbox"/>	
4c. Focal/grid rx	<input type="checkbox"/>	<input type="checkbox"/>	
5. AMD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →If none, Go to 6
5a. Clinically significant drusen / dry AMD	<input type="checkbox"/>	<input type="checkbox"/>	
5b. CNV.....	<input type="checkbox"/>	<input type="checkbox"/>	
6. Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> →If none, Go to 7
6a. Hollenhorst plaque.....	<input type="checkbox"/>	<input type="checkbox"/>	
6b. Elevated nevus	<input type="checkbox"/>	<input type="checkbox"/>	
6c. Macular hole	<input type="checkbox"/>	<input type="checkbox"/>	
6d. BVO/CVO	<input type="checkbox"/>	<input type="checkbox"/>	
6e. Optic nerve pallor.....	<input type="checkbox"/>	<input type="checkbox"/>	
6f. ERM	<input type="checkbox"/>	<input type="checkbox"/>	
6g. Other	<input type="checkbox"/>	<input type="checkbox"/>	

6g3. If other, specify reasons _____

7. CDR	7a. Right Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>
Range 0.00 – 1.00	7b. Left Eye	<input type="text"/>	<input type="text"/>	<input type="text"/>

	Right Eye	Left Eye	None
7c. Optic nerve notching or rim thinning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7d. Possible glaucoma.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FINDINGS REQUIRING ALERTS

- | | Right Eye | Left Eye | None |
|---|--------------------------|--------------------------|--------------------------|
| 8. Rhegmatogenous retinal detachment..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Papilledema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REPORTING

10. Ready to send to participant by field center as of:
- | | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

DATA ANALYSIS

- | | Yes | No | |
|---|--------------------------|--------------------------|--------------------|
| 11. All right eye Images recommended for use in analysis? | <input type="checkbox"/> | <input type="checkbox"/> | If none → go to 12 |

11a. Which image(s) should not be used?

- Retinal photograph
- Macular Angio 3 mm
- Macular Angio 6 mm
- Standard GCC
- Standard ONH
- Disc Angio 4.5 mm

11b. Why should images be excluded?

- Macular edema
- Epiretinal membrane
- Retinal atrophy
- Choroidal neovascularization
- Evidence of glaucoma damage
- Poor image quality _____ (notes)
- Other _____ (notes)

12. All left eye Images recommended for use in analysis? **Yes** **No** If none → go to end

12a. Which image(s) should not be used?

- Retinal photograph
- Macular Angio 3 mm
- Macular Angio 6 mm
- Standard GCC
- Standard ONH
- Disc Angio 4.5 mm

12b. Why should images be excluded?

- Macular edema
- Epiretinal membrane
- Retinal atrophy
- Choroidal neovascularization
- Evidence of glaucoma damage
- Poor image quality _____ (notes)
- Other _____ (notes)