

Participant ID

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Nickname

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Procedure visit

01Y	01R	05Y	05R	OTH
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Diabetes Prevention Program Outcomes Study  
**P06 FUNDUS PHOTOGRAPH PROCEDURE LOG**

This form is used to accompany photographs taken from a single subject and shipped to the Fundus Photograph Reading Center. Refer to the FPRC Manual of Procedures for detailed instructions-THIS FORM IS NOT AN INSTRUCTIONAL SHEET. Once completed, photocopy this form and retain at the clinic. The original must be sent, along with the photos, to the following address:

DPPOS-Project Manager/Fundus Photograph Reading Center,  
Park West One, 406 Science Drive, Suite 400, Madison, WI 53711-1068  
Phone: (608) 263-4538, Fax: (608) 263-0525

Note: FPRC requires the photo and shipment date in dd/mmm/yyyy format, however this format is not used in the RDM. Please fill in both formats below.

1. Clinic number 

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2. Participant ID 

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3. Nickname 

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4. Date of randomization 

month		day		year			

5. Procedure visit 

01Y	01R	05Y	05R	OTH
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 VISIT

6. Photo date **P6PHODT** replaced with **DAYSRAND**

month		day		year			

 \_\_\_/\_\_\_/\_\_\_  
Day Month Year  
FPRC Format (e.g., 04/AUG/2000)

7. Shipment date **P6SHIPDT**

month		day		year			

 \_\_\_/\_\_\_/\_\_\_  
Day Month Year  
FPRC Format (e.g., 04/AUG/2000)

8. Fundus photos included in this shipment:

a. Right Eye (stereo pair)  
**CHECK ALL THAT APPLY**

**P6REYEFR**

FR	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**P6REYE1** ..... **P6REYE8**

b. Left Eye (stereo pair)  
**CHECK ALL THAT APPLY**

**P6LEYEFR**

FR	1	2	3	4	5	6	7	8
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**P6LEYE1** ..... **P6LEYE8**

Contact person for questions regarding this shipment:

Clinic name: \_\_\_\_\_

Clinic phone #: \_\_\_\_\_

Clinic contact: \_\_\_\_\_

Comment/ explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Type of camera used Film 

1
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 Digital 

2
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 P6CAMERA

Identification code of person reviewing completed form 

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 Form entered in computer?

FORMIN

**For UW-FPRC USE ONLY**

Date Received \_\_\_\_\_ Date Faxed \_\_\_\_\_ Date Entered \_\_\_\_\_