Partic	cipant II	month	eatment day year	DPPOS E09.2 July 2013 Page 1 of 2										
for	diabet		cedure Event articipant reports having undergone tinal procedures/surgeries. Send me											
A.	<u>Parti</u> 1. 2.	icipant Identification Clinic number Participant number												
	3.	Nickname												
	4. 5.	Date of randomization Sex	Μ	onth day year										
	6.	Date of treatment	E09TRTDT Replaced with DAYSRAND_TRT	onth day year										
	7.	Date of participant report	E09RPTDT Replaced with DAYSRAND_RPT	onth day year										
	8. 9.	Outcome visit Date of form completion	E09FORMDT Replaced by DAYSRAND m	VISIT										
Β.		atment Information												
	Des	escribe the condition and eye surgery, treatment or procedures received.												
	1.	Short description of the condition E09DE												
	2.	Classification term for condition E09Cl (see COSTART dictionary)												
	For	For questions 3 – 8, check all that apply. If a procedure was not performed on either eye, leave that question blank.												
	3.	Laser treatment for proliferative diabetic retir	nopathy E09LASPDRL	CHECK ALL THAT APPLY E09LASPDRL Left E09LASPDRR 1 Right 1										
	4.	Laser treatment for diabetic macular edema	E09LASMACL	Left E09LASMACR 1										
	5.	Intravitreal injection for proliferative diabetic	retinopathy E09INJPDRL	Left E09INJPDRR 1										
Ic	dentific	cation code of person reviewing completed form	Form ente	ered in computer?										

Partici	pant ID		Nickname		Date of t	day	: 	year		DPPOS E09.2 July 2013 Page 2 of 2	
	6.	Intravitreal injection for diabetic macular edema						E09INJMACL 1 E	09INJMACR ₁ Right		
	7.	Vitrectom	ny surgery fo	Left 1	Right 1						
	8.	Other reti	nal procedu	urgery				E09OTHL 1	E09OTHR Right 1		
		a. If OT	HER, specify	<i>'</i> :							
	If any of the procedures from questions 3 – 7 are marked (laser/Intravitreal treatment for diabetic retinopathy or diabetic macular edema only), medical records with the diagnosis and the procedure must be requested and set the CoC for adjudication. Otherwise, STOP: FORM IS COMPLETE.										
C.	C. <u>Medical Records Information</u> Complete this section If any of the procedures from questions B.3 – B.7 are marked.										
	1.	Were med	dical record	s sent to the C	CoC?				Yes 1	No 2	

month

day

year

- a. If NO, specify reason:
- b. If YES, date medical records sent to CoC