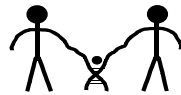


Attachment B to Appendix 1: Study Forms and Labels for Photographs



FIND

Family Investigation of Nephropathy and Diabetes

UW-Fundus Photograph Reading Center
Park West One
406 Science Drive, Suite 400
Madison, WI 53711-1068

FUNDUS PHOTOGRAPH Reading Center

University of Wisconsin – Madison
 Department of Ophthalmology and Visual Sciences

Park West One
 406 Science Drive, Suite 400
 Madison, WI 53711-1068

Contact Information:

Name	Phone	Fax	Email
Principal Investigator			
Matthew D. Davis, M.D.	608-263-5749	608-262-1899	davis@rc.ophth.wisc.edu
Ronald Danis, M.D.	608-262-4164	608-262-1899	danis@rc.ophth.wisc.edu
Project Management			
Kathleen Glander	608-263-6983	608-263-0525	glander@rc.ophth.wisc.edu
Photography Unit			
Certification questions			
Marcia Schiffman	608-263-6468	608-265-9761	schiffman@rc.ophth.wisc.edu
Camera Problems/Questions			
Michael Neider	608-263-9858	608-265-9761	neider@rc.ophth.wisc.edu
Hugh Wabers	608-263-9858	608-265-9761	wabers@rc.ophth.wisc.edu
Pam Vargo	608-263-9858	608-265-9761	vargo@rc.ophth.wisc.edu
Dennis Thayer	608-263-9858	608-265-9761	Thayer@rc.ophth.wisc.edu
Grading Unit			
Larry Hubbard	608-263-2245	608-263-0525	hubbard@rc.ophth.wisc.edu
Jim Reimers	608-265-1049	608-263-0525	reimers@rc.ophth.wisc.edu
Data Management			
Alistair Carr	608-263-4833	608-263-0525	carr@rc.ophth.wisc.edu
Finance and Contracts			
Jean Surfus	608-261-1108	608-263-0525	surfus@rc.ophth.wisc.edu
General			
	608-263-4538	608-263-0525	

Schedule of Photographs

	Visit 1
Color Fundus Photography Modified 7 Fields + Fundus Reflex	X

Conventions for Completing UW-FPRC Forms for FIND

Description	Convention	Example
Participant #: FIND Code Location Code Participant ID	01 2 digits 6 digits	0102000101 OR 0107025699 OR 0106110001
Name Code:	None	
Visit Code:	None	
Date:	Day: 2 Digits Month: 3 Letters Year: 4 Digits	30 / APR / 2004

Request For Photographer Certification



PIC Name: _____ Institution _____ Mailing address _____ City _____ State _____ Zip _____	PIC Code: ____ PI: _____ Coordinator: _____ Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ e-mail _____ @ _____
Photographer Name/ Work Address: Name _____ Mailing address _____ City _____ State _____ Zip _____	

Quality Assurance Statement

I have read the Study Synopsis (FIND), Modified 7-Standard Field Color Fundus Photography Procedures (UW-FPRC) and I understand and agree to abide by the design and procedures of the trial.

 Photographer Signature Date

I request certification based on prior UW-FPRC certification(s)

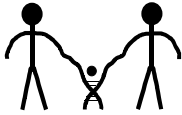
List photographs being submitted for certification

ID	Photo Date			
_____	____/____/____ Day Month Year	Color Photographs Circle fields present and eye	RE LE	FR 1M 2 3M 4 5 6 7
_____	____/____/____ Day Month Year		RE LE	FR 1M 2 3M 4 5 6 7
_____	____/____/____ Day Month Year	Color Photographs Circle fields present and eye	RE LE	FR 1M 2 3M 4 5 6 7
_____	____/____/____ Day Month Year		RE LE	FR 1M 2 3M 4 5 6 7

Send completed form and photographs to:
 Photographer Certification Office
 Fundus Photograph Reading Center
 406 Science Dr. Suite 400
 Madison, WI 53711

Questions may be directed to:
 Michael Neider (608) 263-9858,
neider@rc.ophth.wisc.edu
 Hugh Wabers (608) 263-9858,
wabers@rc.ophth.wisc.edu
 Pam Vargo (608) 263-9858,
vargo@rc.ophth.wisc.edu
 Dennis Thayer (608) 263-9858,
thayer@rc.ophth.wisc.edu

For UW-FPRC: Reviewer's Signature _____	Certification Approved: ____/____/____ Day Month Year (e.g., AUG.)
---	---



FIND TRANSMITTAL LOG, EYE EXAM FORM & INVOICE

For each patient, please complete the log, the eye exam form, and the invoice. Send them, together with the photos, to:

**Kathy Glander, FIND Project Manager
 Fundus Photograph Reading Center
 Park West One
 406 Science Drive, Suite 400
 Madison, WI 53711-1068
 TEL: (608) 263-6983
 FAX: (608) 263-0525
 glander@rc.opth.wisc.edu**

Participant #	Photo Date
01 _____ <small>FIND Location Participant ID</small>	____ / ____ / ____ <small>Day Month Year</small> (e.g., 04/AUG/2000)

Included in this shipment are:

- Eye Exam Form** **Photos** **RE** **LE** **Invoice**
 (2 pages)

Shipment date: ____ / ____ / ____
Day Month Year
 (e.g., 04/AUG/2000)

Clinic contact person for questions regarding this shipment:

Name: _____



Phone: _____ E-mail: _____

Comments/Explanation:

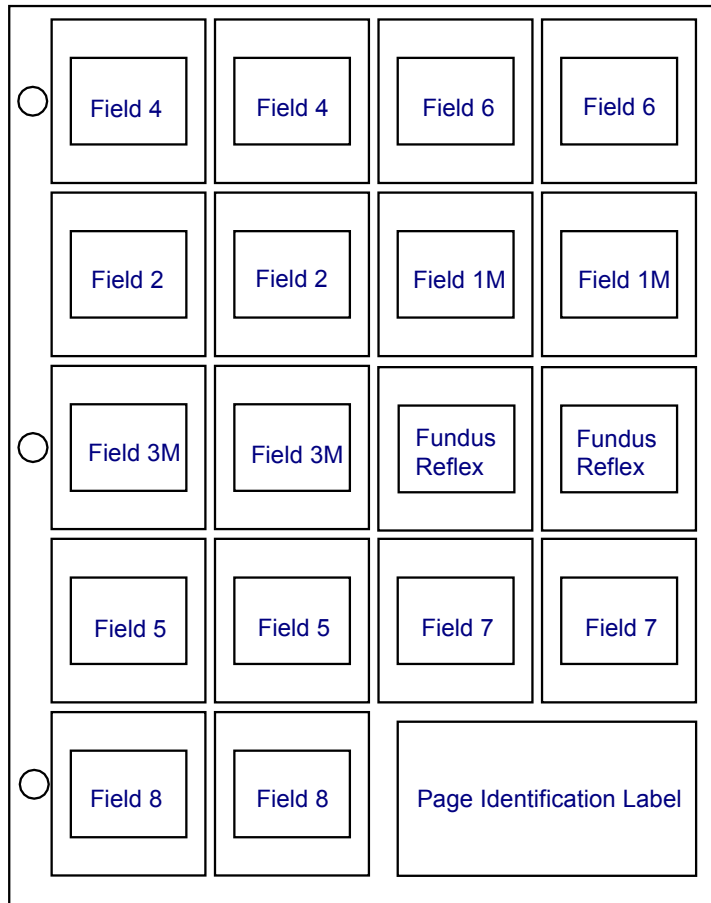
For UW-FPRC Use

Date received Date faxed Date entered

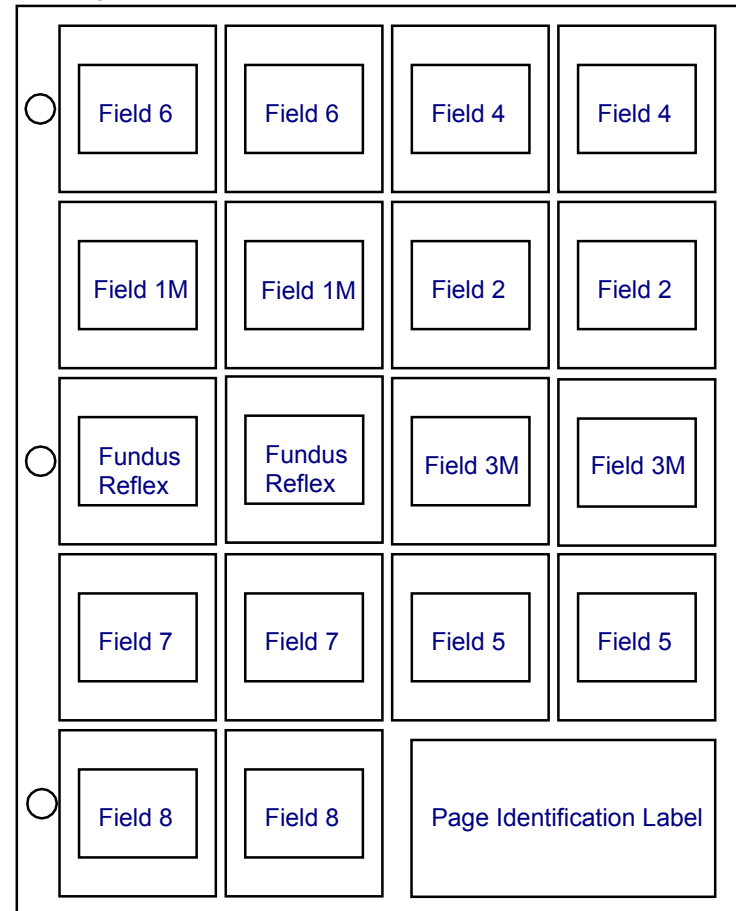
The FIND Eye Study

01 _____ FIND RE _____ F4 _____ LS	01 _____ FIND RE _____ F4 _____ RS	01 _____ FIND RE _____ F6 _____ LS	01 _____ FIND RE _____ F6 _____ RS
01 _____ FIND RE _____ F2 _____ LS	01 _____ FIND RE _____ F2 _____ RS	01 _____ FIND RE _____ F1M _____ LS	01 _____ FIND RE _____ F1M _____ RS
01 _____ FIND RE _____ F3M _____ LS	01 _____ FIND RE _____ F3M _____ RS	01 _____ FIND RE _____ FUNDUS REFLEX _____ LS	01 _____ FIND RE _____ FUNDUS REFLEX _____ RS
01 _____ FIND RE _____ F5 _____ LS	01 _____ FIND RE _____ F5 _____ RS	01 _____ FIND RE _____ F7 _____ LS	01 _____ FIND RE _____ F7 _____ RS
01 _____ FIND RE _____ F8 _____ LS	01 _____ FIND RE _____ F8 _____ RS	01 _____ FIND RE _____ _____ LS	01 _____ FIND RE _____ _____ RS
 FIND		 FIND	
01 _____ FIND Location _____ Participant ID _____		01 _____ FIND Location _____ Participant ID _____	
Photo Date: ____/____/____ <small>Day Month Year (eg. 30/SEP/2000)</small>		Photo Date: ____/____/____ <small>Day Month Year (eg. 30/SEP/2000)</small>	
Photographer: _____ <small>(Please print)</small>		Photographer: _____ <small>(Please print)</small>	
Camera: _____		Camera: _____	
01 _____ FIND LE _____ F6 _____ LS	01 _____ FIND LE _____ F6 _____ RS	01 _____ FIND LE _____ F4 _____ LS	01 _____ FIND LE _____ F4 _____ RS
01 _____ FIND LE _____ F1M _____ LS	01 _____ FIND LE _____ F1M _____ RS	01 _____ FIND LE _____ F2 _____ LS	01 _____ FIND LE _____ F2 _____ RS
01 _____ FIND LE _____ FUNDUS REFLEX _____ LS	01 _____ FIND LE _____ FUNDUS REFLEX _____ RS	01 _____ FIND LE _____ F3M _____ LS	01 _____ FIND LE _____ F3M _____ RS
01 _____ FIND LE _____ F7 _____ LS	01 _____ FIND LE _____ F7 _____ RS	01 _____ FIND LE _____ F5 _____ LS	01 _____ FIND LE _____ F5 _____ RS
01 _____ FIND LE _____ F8 _____ LS	01 _____ FIND LE _____ F8 _____ RS	01 _____ FIND LE _____ _____ LS	01 _____ FIND LE _____ _____ RS
Fundus Photograph Reading Center FIND Project Manager Park West One 406 Science Drive, Suite 400 Madison WI 53711-1068		Instructions: Please print. Fill in all blanks. To order more labels and slide pages, call the Fundus Photograph Reading Center at 608-263-6983.	

Slide Mounting Diagram
Right Eye



Slide Mounting Diagram
Left Eye





FIND

**Notification to Clinics of
RETAKE REQUEST**

Clinic Name _____

01 _____
FIND Location Participant ID

Date of original photographs ___/___/___
 Day Month Year
 (e.g., 04/AUG/2000)

Please retake the following photographs:

Color Photographs

RE: FR 1M 2 3M 4 5 6 7 8
LE: FR 1M 2 3M 4 5 6 7 8

UW-FPRC Comments:

UW-FPRC Reviewer

Date ___/___/___
 day month year
 (e.g., 04/AUG/2000)
