



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.ophth.wisc.edu

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

FIND Study Eye Exam Form

Participant #

01 _____
 FIND Location Participant ID

1. Date of visit: ____/____/_____
 (e.g., 04/AUG/2000)
 2. Date of birth: ____/____/_____
 (e.g., 04/AUG/2000)

3. Year diabetes was **diagnosed**: ____
 Year

4. Is the patient currently **taking insulin**? Yes No
 5. Did the patient start insulin **within 1 year of diagnosis**? Yes No

Right Eye Left Eye

6. Has the patient ever had **retinal** photocoagulation (**laser treatment**)? Yes No Yes No
 If yes: ____ year of first treatment
 Year Year

7. Has the patient ever had a **pars plana vitrectomy**? Yes No Yes No
 If yes: ____ year of first vitrectomy
 Year Year

8. Has the patient had **cataract surgery**? Yes No Yes No

9. Is the patient under treatment for **glaucoma**? Yes No Yes No

10. Has the patient had any **other eye surgery**? Yes No Yes No
 If yes, specify _____

11. **Visual acuity** (Snellen equivalent) with current correction **20/____** **20/____**
If worse than 20/40, add pinhole, otherwise leave blank **20/____ with ph** **20/____ with ph**

12. **Intraocular pressure** (mmHg) ____

13. Ophthalmoscopic examination Right Eye Left Eye

If the fundus cannot be observed, check here and go to item 14.

- A. **Retinopathy Severity Level**, check the **highest** level for each eye
- 1. No retinopathy
 - 2. Microaneurysms (Ma) only
 - 3. Ma plus retinal hemorrhages and/or exudates (lipid deposits and/or cotton wool spots)
 - 4. Moderately severe to severe non-proliferative retinopathy, defined as **at least one** of the following:
 - a. definite venous beading
 - b. obvious intraretinal microvascular abnormalities
 - c. hemorrhages / Ma \geq Std. 2A in at least two quadrants (see page 3 for Std. 2A)

5. Proliferative retinopathy or

status post panretinal (scatter) photocoagulation

The FIND Eye Study

FIND Study Eye Exam Form (continued)

Participant #

01 _____
 FIND Location Participant ID

Right Eye

Left Eye

B. Are scars of panretinal photocoagulation (or local photocoagulation, presumably for new vessels) present?

Yes No Yes No

C. Are scars of focal or grid photocoagulation for macular edema present?

Yes No Yes No

D. Is macular edema present (retinal thickening, with or without lipid deposits, within one disc diameter of the center of the macula)?

Yes No Yes No

If yes, is center of macula involved?

Yes No Yes No

14. Is visual acuity worse than 20/40 (with pinhole, if used)?

Yes No Yes No

If yes, please indicate primary and any contributing causes. Check as many as are applicable. (P = primary, C = contributing)

A. Proliferative retinopathy

P C P C

B. Diabetic macular edema

P C P C

C. Cataract

P C P C

D. Other (or no cause apparent)

P C P C

(please print) Name of examining ophthalmologist _____



ETDRS Standard Photograph Number 2A

FIND Study

INVOICE for Services of Collaborating Physician

Ref. UW P.O. #P056243

Participant #

01 _____
FIND Location Participant ID

Date of visit

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

Amount: \$200.00

Payee Name _____

Payee Address _____

Phone _____ Fax _____

Tax ID # _____
(Required for Payment)

Departmental Contact: Kathy Glander, FIND Project Manager
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