

NOTE: Complete this form when CNV or serous PED, confirmed by angiography, is first observed in an eye. Complete one form for each eye affected.

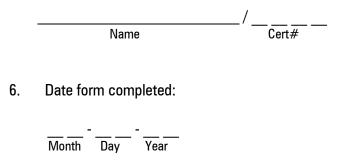
1.	Eye with exudation?	() ₀ Right	() ₁ Left		
2.	Type of exudation: a. CNV b. Serous PED <u>></u> 1 MPS disc area		() ₁ () ₁		
3.	Date of fluorescein angiog	ıram confirm →	ning exudation:		COMPLETE A READING CENTER EXUDATIVE EVENT FORM
4.	Treatment status of CNV:				
	Treated with confluent laser burns Treated with photodynamic Other treatment No treatment now, treatmen unlikely in the future No treatment now, treatmen possible in the future	() ₃ nt	$()_{1}$ $()_{2}$ $()_{4}$ $()_{5}$	• 	Date of treatment: Month Day Year Describe treatment and timing of treatment:

Coord Ctr Use Only: Initials
Date:

Visit:	ID. No.: C
Form: EX	Name Code:



5. Print name and certification number of ophthalmologist interpreting angiogram:



INSTRUCTIONS FOR CLINIC COORDINATOR

SEND ORIGINALS TO COORDINATING CENTER	SEND ORIGINALS TO READING CENTER		KEEP IN YOUR CLINIC FILES	
	(Send All Materials Toget	ther)		
Coord Center Transmittal Log 🛛			Copies or Duplicates:	
Clinic Exudative Event Form	Reading Center Exudative		All Data forms	
	Event Form		All Transmittal Logs	
	Photographic Materials		All Photographs	
	Transmittal Log		All Photograph Inventory F	orms
	Color Photographs		All Fluoresceins	
	Fluorescein Angiograms		Airridorescents	
	Photograph Inventory Form			

Visit:	ID. No.: C
Form: EX	Name Code: