



Clinic #: \_\_\_

PIF 001.2

10/11/00

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# Photograph Inventory Form

For all photographs except those taken following treatment

**Instructions:** The Clinic Coordinator should complete this form for each set of photographs submitted to the Reading Center except for Treatment Photographs which are accompanied by a "Treatment Photographs Only" Photograph Inventory Form. For a missed visit or visit at which none of the required photographs were taken, complete the Photograph Inventory Form accordingly. Indicate in the Comments box a reason for the missing photographs and provide an empty labeled slide page. For Visit Type and Visit # check the valid CAPT visit codes listed on the Photograph Transmittal Log.

## A. PATIENT INFORMATION

ID #: \_\_\_ - \_\_\_ - C Name Code: \_\_\_ Visit Type: \_\_\_ Visit #: \_\_\_

Date of Visit\*: \_\_\_ - \_\_\_ - \_\_\_ or Missed Visit  (no photographs will be submitted)  
Month Day Year

\*For Initial Visit, date of randomization; for Follow-up Visits the date of VA measurement.

## B. PHOTOGRAPHS:

### Color stereo pairs:

Check at least one box for each field

	Right	Left	None
1. Disc	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Macula	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
3. Extra Field	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

	Yes	No
Fluorescein Angiogram enclosed:	<input type="checkbox"/> 1	<input type="checkbox"/> 0

Check here if ICG enclosed  1

Comments:

### Date Photographs Were Taken:

Color photographs \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Photographer Cert. # \_\_\_ None Taken:

Fluorescein Angiogram \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Photographer Cert. # \_\_\_ None Taken:

## C. ADMINISTRATIVE INFORMATION

Check if Reading Center Exudative Event Form Enclosed:  1

Prepared by: \_\_\_\_\_ Cert #: \_\_\_\_\_ Date: \_\_\_ - \_\_\_ - \_\_\_  
Please print name Month Day Year

FAX #: \_\_\_\_\_ Clinic # \_\_\_ Site # \_\_\_

Date Received at Reading Center: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Reading Center Notice Sent:  1  0  
Yes No

Materials Complete: \_\_\_ - \_\_\_ - \_\_\_  
Month Day Year

Photographs Returned to Clinic:  1  0  
Yes No

Data Entry Complete  1