



EXUDATIVE EVENT FORM
Submission of Photographic Materials to Reading Center PAGE 1 OF 1

Exudation Identified by Ophthalmologist

Instructions: Submit this form along with color photographs and a fluorescein angiogram (required) when exudation has been observed for the first time in either eye of a study patient. In addition, submit this form with FA (required) and color photographs when exudation is suspected at a non-annual visit, but not confirmed on FA. The Clinic Coordinator completes Section A. The Ophthalmologist completes Section B. The Reading Center completes Section C.

A. Patient information

Clinic # ___ Site # ___

ID #: ___ - ___ - C Name Code: ___ Visit #: ___ (Use XX for non-study visit.)

Date of Color Photographs: ___ - ___ - ___ Date of Angiogram: ___ - ___ - ___
Month Day Year Month Day Year

Check here if no color photographs sent: []

B. Ophthalmologist: _____ (Please print)

Table with 2 columns: Exudation Observed By Ophthalmologist (Right Eye/Left Eye) and Comments from Ophthalmologist (Right Eye/Left Eye). Includes checkboxes for various exudation types like New CNV, S-PED, etc.

C. Reading Center Inventory

Date Received at Reading Center: ___ - ___ - ___
Month Day Year

Exudative Event Grading Form Complete: ___ - ___ - ___
Month Day Year