



ID. No.: \_\_\_\_ - \_\_\_\_ Alpha Code: \_\_\_\_

Clinic #: \_\_\_\_ Week: 104

**NOTE:** This form must be completed by the Clinic Coordinator at the Week 104 visit.

1. Has the visit window for 100 weeks closed?

☐<sub>0</sub> No →

Please wait until the 100-week visit window is closed

☐<sub>1</sub> Yes →

1.a. Check the appointment schedule and record the 100-week window closed date here:

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month Day Year

2. "Do you know which drug you received in your study eye?"

No ( )<sub>0</sub>

Yes, received Lucentis® ( )<sub>1</sub>

Yes, received Avastin® ( )<sub>2</sub>

3. "Do you think that your ophthalmologist knew which drug you received in the study eye?"

( )<sub>0</sub> No ( )<sub>1</sub> Yes ( )<sub>2</sub> Don't Know

4. Has the patient contact information been updated so that future results may be provided?

☐<sub>0</sub> No →

Update the patient contact information before continuing.

☐<sub>1</sub> Yes →

4a. Date that the patient contact information was reviewed for updates:

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month Day Year

5. Initials and certification number of person completing form

a. Initials: \_\_\_\_

b. Certification #: \_\_\_\_

6. Date form completed:

\_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
Month Day Year