Treatment Evaluation Form

ID. No.: __ __ - __ __ __ Alpha Code: __ __ __ __

Clinic #: __ __ Week: __ __ __

1. Study Eye (check one):

( )0 Right ( )1 Left

2. Will an intravitreal injection be administered at this visit? (check one)

☐1 Yes, patient on variable schedule →

2A. Indications for treatment (check all that apply):

( )1 a. Intraretinal fluid on OCT
( )1 b. Subretinal fluid on OCT
( )1 c. Sub RPE fluid on OCT
( )1 d. Persistent subretinal hemorrhage
( )1 e. New hemorrhage
( )1 f. Decreased visual acuity since last visit
( )1 g. Increased lesion size on FA
( )1 h. Leakage on FA
( )1 i. Other reason, specify:
j. _____

↓

Complete Intravitreal Injection Treatment Form

☐2 Yes, patient on fixed schedule →

☐3 No →

2B. Indicate reason(s) why treatment is withheld (check all that apply):

( )1 a. Does not meet re-treatment protocol
( )1 b. Fixed arm futility: permanent VA loss
( )1 c. Variable arm futility: ≥3 consecutive treatments with no decrease in fluid

Definite contraindications

( )1 d. Intraocular inflammation ≥2+
( )1 e. IOP > 30 mmHg
( )1 f. Vitreous hemorrhage & ≥30 letter loss
( )1 g. Ocular infection
( )1 h. Anti-VEGF treatment in study eye within previous 23 days

Other possible contraindications

( )1 i. Recent Stroke
( )1 j. Recent MI
( )1 k. Retinal break, detachment or hole
( )1 l. RPE Tear involving the macula
( )1 m. Patient refusal
( )1 n. Other reason, specify:

1. _____

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3. Did the ophthalmologist performing the treatment evaluation know the assigned drug?

   ☐$_0$ No
   ☐$_1$ Yes

4. Indicate if fluorescein angiography was performed at this visit:

   ( )$_1$ Yes → Submit fluorescein angiography to the CATT Photograph Reading Center.

5. Initials and certification number of Ophthalmologist performing treatment evaluation

   a. Initials: ___ ___ ___

   b. Certification #: _____

6. Date treatment evaluation completed:

   ___ ___ / ___ ___ / 2 0 ___ ___
   Month Day Year