



Intravitreal Injection Treatment Form

ID. No.: ____ - ____ Alpha Code: ____

Clinic #: ____ Week: ____

Instructions: Injection is required at initial visit. At follow-up visits, if injection is given, complete form.

1. Who filled the syringe used for treatment? (check one)

- ()₁ Clinic Coordinator
()₂ Other (specify): _____

2. Eye Treated (check one):

- ()₀ Right ()₁ Left

3. Intravitreal Injection Treatment Date:

____ / ____ / 20 ____
Month Day Year

4. Record anesthetic used for the injection (check all that apply):

- ()₁ A. Topical anesthetic
()₁ B. Subconjunctival injection

5. Was one of the protocol-specified pre-injection preparations done? (check one)

- ()₁ Yes
()₀ No →

Reminder of protocol pre-injection preparations:

- a. 5% povidone iodine placed in lower fornix and (Optional: 5% povidone iodine cotton-tipped applicator applied to upper and lower eyelids and eyelashes)

THEN

5% povidone iodine cotton-tipped applicator applied to the conjunctiva over and surrounding the injection site.

OR

- b. 5% povidone iodine cotton-tipped applicator or 10% povidone iodine swabstick over the injection site

OR

- c. 5% povidone iodine flush using at least 10 cc of 5% povidone iodine in the fornices and the caruncle

5.A. If no, describe preparation used:

5.B. If no, explain why:

6. Was an eyelid speculum used? (check one)

- ()₁ Yes ()₀ No



Comparison of Age-related
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7. Was the injection performed 3.0-4.0 mm posterior to the limbus, via the pars plana as per the injection procedure? (check one)

()₁ Yes ()₀ No →

7A. If no, describe location:

7B. If no, explain why:

Reminder: Post Injection Confirmation of perfusion of the central retinal artery is required before the patient leaves the office.

8. Was there post injection confirmation of the perfusion of the central retinal artery by indirect ophthalmoscopy? (Check one)

()₁ Yes indirect ophthalmoscopy was performed and perfusion of central retinal artery was confirmed

()₂ Yes indirect ophthalmoscopy was performed but perfusion of central retinal artery was not confirmed.

→

8.A. Explain why perfusion of central retinal artery was not confirmed:

()₃ No, indirect ophthalmoscopy was not performed. →

8.B. Explain why indirect ophthalmoscopy was not performed:

9. Post injection intraocular pressure (last recorded measurement must occur at least 10 minutes after injection):

_____ mm Hg ()₁ Check if not measured



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10. Did the patient receive treatment to lower the intraocular pressure post injection? (check one)

()₀ No ()₁ Yes →

If yes, complete the Adverse Event Recording Form



What treatment was done? Check all that apply

()₁ 10A. Topical treatment, describe below

()₁ 10B. Paracentesis

()₁ 10C. Other, describe below

10D. Describe treatment:

11. Did the patient experience any other adverse events from the intravitreal injection? (check one)

()₀ No ()₁ Yes →

If yes, complete the Adverse Event Recording Form

12. Was a pre-injection topical antibiotic used? (check one)

()₀ No ()₁ Yes →

If Yes, complete the following information:

12A. Name of drug: _____

12B. Dose: _____

12C. Frequency: _____

12D. Duration _____



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13. Were post-injection topical antibiotics provided
or prescribed for the patient to use at home?
(check one)

()₀ No ()₁ Yes →

14. Initials and certification number of treating
Ophthalmologist

a. Initials: ____

b. Certification #: ____

If Yes, complete the following information:

13A. Name of drug: _____

13B. Dose: _____

13C. Frequency: _____

13D. Duration _____

- 15a. Signature of treating Ophthalmologist:

- 15.b. Date signed:

____ / ____ / 20____
Month Day Year