Baseline CNV MEASUREMENTS (Consensus Form)

Fluorescein Angiogram Date: ___ ___ - ___ ___ - 20___ ___ **Eye:** **RIGHT** ☐$_0$ **LEFT** ☐$_1$ **(studyeye)**

I. Image ID: _____

II. CNV (CNV includes fluorescein leakage from classic and/or occult CNV and staining from occult CNV)

1. Total area of CNV in mm^2 __ __.__ __ **(CNV_area)** CG ☐$_1$ **(CG_CNV_area)**

III. Total CNV Lesion (CNV and/or contiguous hemorrhage and/or contiguous Blocked Fluorescence and/or contiguous scar and/or contiguous SPED.)

1. Total area of CNV Lesion in mm^2 __ __.__ __ **(CNV_lesion_area)** CG ☐$_1$ **(CG_CNV_lesion_area)**

IV. 1. Lesion characteristic (check one only): (classic50)

☐$_1$ ≥50% classic ☐$_2$ <50% classic ☐$_3$ No classic ☐$_4$ CD ☐$_5$ CG ☐$_6$ No lesion

V. Notes_____

_____

Adjudication Date: **Reviewer:**

Date: **Date:**

Data Entry Complete ☐$_1$

ID# __ __ - __ __ __

Alpha Code: (alpha_code)

Week #: 000