



Follow-up CNV MEASUREMENTS (Consensus Form)

CNVFMC 19.1

06/29/2009

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Fluorescein Angiogram Date:

Eye: (studyeye)

I. Image ID: _____

II. 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 mm² _____. (CNV_lesion_area) CG ☐₁ (CG_CNV_lesion_area)

III. Notes: _____

Adjudication Date:

Reviewer:

Date:

Date:

Data Entry
Complete ☐₁

ID#

Alpha Code: (alpha_code)

Week #: (week)