Arbitration _____/_____ Submission Month/Year

Subject _____ Visit (see groups) _____ Eye _____ DOS ___/___/___

CATT OCT Arbitration Form

Must be used with CATT Grading Guidelines

This subject is Group: **1 2** (Circle group #)

Group 1: visits 000, 004, 008, 012, 024, 052, 076, & 104.

Group 2: visits 016, 020, 028, 032, 036, 040, 044, 048, 056, 060, 064, 068, 072, 080, 084, 088, 092, 096, & 100

Section 1. Morphological findings

A.Scan Submission (check one box) Complete ☐ Incomplete ☐

		Check box if visible only on FMTM	*Internal Data Not Transferred to sponsor. Complete only for group 1 visits. (000,004,008,012,024,052,076,104)	
B. VMT-Vitreous attached within central 3mm	**1-6**			
B.1. Center 1mm deformed	**1-6**			
C. Epiretinal Membrane	**1-6**			
C.1. Center 1mm deformed	**1-6**			
D. **Intraretinal Fluid-Cystic Edema**	**1-6**	☐		
D.1. Intraretinal fluid in Center 1mm	**1-6**			
D.1.a. Intraretinal fluid under foveal center	**1-6**			
E. Retinal Thinning (loss of layers)			**1-6**	*
F. **Subretinal Fluid**	**1-6**	☐		
F.1. Subretinal fluid in center 1mm	**1-6**			
F.1.a. Subretinal fluid under foveal center	**1-6**			
F.2. Some or all SRF is turbid			**1-6**	*
F.3. Hyper reflective PRL over SRF			**1-6**	*
G. Subretinal hyper reflective material (SHRM)	**1-6**			
G.1. Center 1mm	**1-6**			
G.2. Hazy/poorly defined			**1-6**	*
G.3. Hyper reflective definite lesion (well defined)			**1-6**	*
G.4. Hyper reflective-atypical			**1-6**	*
G.5. Fluid component to SHRM (if yes, SRF must be answered 'YES')			**1-6**	*
H. RPE elevation (RPEE)	**1-6**			
H.1: **Any Sub RPE fluid**	**1-6**	☐		
H.1.a. Sub RPE fluid in Center 1mm	**1-6**			
H.1.a.1. RPE fluid under foveal center	**1-6**			
H.2: RPEE maximum height	_____mm			
H.3: RPEE maximum width	_____mm			
I. RPE atrophy:			**1-6**	*
I.1. Small area ≤10mm (icicles)			**1-6**	*
I.2. Larger area >10mm			**1-6**	*

Section 2. MEASUREMENTS

Scan #	1 F (all visits)	2* F	3* F	4 F (all visits)	5* F	6* F
2.A. RPE layer + RPEE+SHRM						
2.B. Subretinal Fluid						
2.C. Retina						

*Group 1 only: visits 000, 004, 008, 012, 024, 052, 076, & 104.

Group 2: visits 016, 020, 028, 032, 036, 040, 044, 048, 056, 060, 064, 068, 072, 080, 084, 088, 092, 096, & 100

Comments:

Risk Management: ☐

Map Time:

Scan Submission Quality:

Acceptable ☐ OR Off-Fovea ☐ Absent ☐ Other ☐

Transcribed by:	Arbitrator:	Date:	Data Entered by:
	Adjudicator:	Date:	
Date:	Adjudicator:	Date:	Date: