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| **INSTRUCTIONS**: MMP-9 testing is performed at Screening and at month 03.  **All measurements must be done by the DREAM technician or clinician certified for this procedure.**  |

1. **Patients allergic to cornstarch or Dacron should not be tested.** Was MMP-9 testing completed at this visit?  **(opinnew)**

Record the results below.

Read any form of a red line, whether faint,

broken, or shadow, as a positive test result.

A. Right Eye Test Result **(oprenew)**

( )1 Positive

( )0 Negative

B. Left Eye Test Result **(oplenew)**

( )1 Positive

( )0 Negative

 ( )1 Yes

C. Why was MMP-9 testing not done?

1. Allergy to cornstarch or Dacron ( )1

**(opdacron)**

1. Ocular infection in last 90 days ( )1

**(opoc90)**

1. Patient refusal ( )1

**(opospr)**

1. Other (Specify below) ( )1

**(oposoth)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(oposots)**

( )0 No

2. Last name & certification number of person who performed testing (or person who completed this form if testing was not completed):

1. Print Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname)**
2. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**

3. Date of Exam (or date form completed if testing was not completed)

 \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 201 \_\_\_ **(qccompdtc)**

 Month Day Year

**Archived Question1**

1. Is the patient allergic to cornstarch or Dacron, OR
2. has the patient had an ocular infection in the last 90 days? **(opinocinf)**

**Do not perform this test. Skip to question #2**

 ( )1 Yes

Complete MMP-9 Testing for each eye following the instructions in Appendix 7-1 of the DREAM MOP. Record the results below.

Read any form of a red line, whether faint,

broken, or shadow, as a positive test result.

1. A. Right Eye Test Result **(optestre)**

( )1 Positive

( )0 Negative

1. B. Left Eye Test Result **(optestle)**

( )1 Positive

( )0 Negative Negative

( )0 No