|  |
| --- |
| **INSTRUCTIONS**: MMP-9 testing is performed at Screening (SV) and at month 03.  **All measurements must be done by the DREAM technician or clinician certified for this procedure.**  **Note: Patients who are allergic to cornstarch or Dacron are excluded from testing.  In addition, patients who have had an ocular infection within the last 90 days are excluded from testing** |

1. Is the patient allergic to cornstarch or Dacron, OR

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.

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

( )1 Positive

( )0 Negative

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

( )1 Positive

( )0 Negative Negative

( )0 No

1. 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) **(qccompdtc)**

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / 201 \_\_\_

Month Day Year