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| **NOTE**: Measurement of tear osmolarity is performed at the Baseline visit (00) and at months 06, 12, 18, and 24 at the DREAM Clinical Centers that have the TearLab Osmometer. **All measurements must be done by the DREAM certified technician or clinician.**  Recording out of range results: If test results display as “Below Range”, enter 000. If test results display as “Above Range”, enter 999. |

1. Was Tear Osmolarity performed at this visit? **(optros)**

( )1 Yes

Why was tear osmolarity testing not done?

1. Osmometer malfunction **(oposmal)** ( )1
2. Osmometer not available **(oposna)** ( )1
3. Patient refusal (opospr) ( )1
4. Other (Specify below) **(oposoth)** ( )1

e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(oposots)**

**SKIP TO ITEM 4**

( )0 No

1. Calibration: Following the TearLab instruction guide, calibrate each Pen using the Electronic Check Card.

Record calibration results:

* + - 1. Right Pen: \_\_ \_\_ \_\_ mOsms/L **(opcalrt)**
      2. Left Pen: \_\_ \_\_ \_\_ mOsms/L **(opcalle)**

1. Tear Osmolarity Measurement: Following the TearLab Quick Reference Guide, test the right eye and the left eye of the study subject.

Record the test results:

1. Right Eye: \_\_ \_\_ \_\_ mOsms/L **(oposmrt)**
2. Left Eye: \_\_ \_\_ \_\_ mOsms/L **(oposmle)**
3. Last name & certification number of person performing testing (or person who completed this form if testing was not completed):
4. Print Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(qclname**)
5. Certification #: \_\_\_ \_\_\_ \_\_\_ \_\_\_ **(qcconcert)**
6. Date of Exam **(qccompdtc)**

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

Month Day Year