



SEARCH Pathology Notification

Subject ID# _____			
Photo date ___/___/___	Eye	OD	OS

Grader _____ Grade date ___/___/___ **Early** **Immediate**

Please check any lesions or conditions present that may require further evaluation:

Active Proliferative Retinopathy _____

NVD _____
NVE _____ circle fields 1 2
PRH _____ circle fields 1 2
VH _____ circle fields 1 2
ret detach _____ circle fields 1 2
scatter/local rx _____

Preproliferative Retinopathy _____

VB _____ circle fields 1 2
significant IRMA _____ circle fields 1 2
significant HMA _____ circle fields 1 2

Macular Edema _____

Edema, not CSME _____
CSME _____
focal/grid rx _____

Other _____

irregular nevus _____ circle fields 1 2
recent BVO/CVO _____
large cup/disc ratio _____
other _____

Comments

Request for Additional Information

e-mailed ___/___/___
Inventory Batch # _____

SEARCH 3 Cohort Study – Retinal Photo – 11-01-10