



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 _____ *circle fields 1 2*
- 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 ___/___/___ _____
Reading List # _____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-xxxx).