Instructions: This form is completed by the Retinal Reading Center to document pathology notification. If an eye is judged to have a treatable pathologic condition that poses an imminent threat to vision, a retinal pathology notification form is filled out. An alert report is auto-generated for the field centers once a notification is entered into the Data Entry System.

SECTION A – ADMINISTRATIVE

1. Date of retinal photography at the field center.

2. Date of receipt of the images from the field center.

3. Which eye was this pathology applied to?
   - Right
   - Left

SECTION B – REASON FOR RETINAL PATHOLOGY NOTIFICATION

4. Active Proliferative Retinopathy
   - 4a. NVD
   - 4b. NVE
   - 4c. PRH
   - 4d. VH
   - 4e. Retinal detachment
   - 4f. Scatter/local rx
      - If no, go to Item 5

5. Preproliferative Retinopathy
   - 5a. VB
   - 5b. Significant IRMA
   - 5c. Significant HMA
      - If no, go to Item 6

6. Macular Edema
      - If no, go to Item 7
6a. Cystoid Lesion or condition YES or NO (Y or N) Fields (1 or 2 or both)
6b. CSME
6c. Focal/grid rx

7. Treatable ARM →If no, go to Item 8
7a. Sub-ret hem
7b. PED/RD

8. Other →If no, go to Item 9
8a. Hollenhorst plaque
8b. Elevated nevus
8c. Macular hole
8d. Recent BVO/CVO
8e. Large cup:disc
8f. Other
8f1. If other, specify reasons _____________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

9. Date of preliminary grading.................................................. M M D D Y Y Y Y

10. Early ............................................................................................................. (Y/N)

11. Immediate ....................................................................................................... (Y/N)

12. Code number of the preliminary grader .....................................................

13. Code number of person completing form at the Retinal Reading Center:....