



# RETINAL PATHOLOGY NOTIFICATION FORM

ID NUMBER:

FORM CODE: RPN

DATE: 06/01/2011  
Version 1.0

ACROSTIC

**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..... / /   
M M D D Y Y Y Y

2. Date of receipt of the images from the field center ..... / /   
M M D D Y Y Y Y

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

## SECTION B – REASON FOR RETINAL PATHOLOGY NOTIFICATION

Lesion or condition	YES or NO (Y or N)	Fields (1 or 2 or both)
4. Active Proliferative Retinopathy	<input type="checkbox"/> → <b>If no, go to Item 5</b>	
4a. NVD	<input type="checkbox"/>	<input type="checkbox"/>
4b. NVE	<input type="checkbox"/>	<input type="checkbox"/>
4c. PRH	<input type="checkbox"/>	<input type="checkbox"/>
4d. VH	<input type="checkbox"/>	<input type="checkbox"/>
4e. Retinal detachment	<input type="checkbox"/>	<input type="checkbox"/>
4f. Scatter/local rx	<input type="checkbox"/>	
5. Preproliferative Retinopathy	<input type="checkbox"/> → <b>If no, go to Item 6</b>	
5a. VB	<input type="checkbox"/>	<input type="checkbox"/>
5b. Significant IRMA	<input type="checkbox"/>	<input type="checkbox"/>
5c. Significant HMA	<input type="checkbox"/>	<input type="checkbox"/>
6. Macular Edema	<input type="checkbox"/> → <b>If no, go to Item 7</b>	

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:.....