



*NOTE: Complete this form when CNV or serous PED, confirmed by angiography, is **first observed** in an eye. Complete one form for each eye affected.*

1. Eye with exudation? ( )<sub>0</sub> Right ( )<sub>1</sub> Left

2. Type of exudation:  
 a. CNV ( )<sub>1</sub>  
 b. Serous PED  
    ≥ 1 MPS disc area ( )<sub>1</sub>

3. Date of fluorescein angiogram confirming exudation:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Day Year



**COMPLETE A READING CENTER  
EXUDATIVE EVENT FORM**

4. Treatment status of CNV:

Treated with confluent  
laser burns

( )<sub>1</sub>

Treated with photodynamic therapy

( )<sub>2</sub>

Other treatment

( )<sub>3</sub>

No treatment now, treatment  
unlikely in the future

( )<sub>4</sub>

No treatment now, treatment  
possible in the future

( )<sub>5</sub>

4.A. Date of treatment:  
 \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Month Day Year

4.B. Describe treatment and timing of  
treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Coord Ctr Use Only:** Initials \_\_\_\_  
 Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Visit: \_\_\_\_  
 Form: EX

ID. No.: \_\_\_\_ - \_\_\_\_ - C  
 Name Code: \_\_\_\_\_



5. Print name and certification number of ophthalmologist interpreting angiogram:

\_\_\_\_\_ / \_\_\_\_\_  
Name Cert#

6. Date form completed:

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Month Day Year

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**INSTRUCTIONS FOR CLINIC COORDINATOR**

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***SEND ORIGINALS TO  
COORDINATING CENTER***

- Coord Center Transmittal Log
- Clinic Exudative Event Form

***SEND ORIGINALS TO  
READING CENTER***

***(Send All Materials Together)***

- Reading Center Exudative Event Form
- Photographic Materials Transmittal Log
- Color Photographs
- Fluorescein Angiograms
- Photograph Inventory Form

***KEEP IN YOUR  
CLINIC FILES***

**Copies or Duplicates:**

- All Data forms
- All Transmittal Logs
- All Photographs
- All Photograph Inventory Forms
- All Fluoresceins

Visit: ____ Form: EX	ID. No.: ____ - ____ - C Name Code: _____
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