Multi-Ethnic Study of Atherosclerosis
Exam 5

Retina Completion

This form is to be completed for each participant at the time photos are taken. Retain the original and mail a photocopy along with the appropriate CD to:

Lisa Grady
Ocular Epidemiology Reading Center
610 N. Walnut Street, 405 WARF
Madison, WI 53726

1 Photographer ID#:

2 Vision History Questionnaire: Completion Date

Reminder: The 6th digit in the Participant's ID# determines the eye to complete first (even=right; odd=left).

3 Eyes Photographed:
   a. Right eye
      ○ Completed
      ○ Not completed
      State reason in comment box
   b. Left eye
      ○ Completed
      ○ Not completed
      State reason in comment box

Comments:

Date form received: [Month] / [Day] / [Year]

Participant ID#

Acrostic:

Date of photo:

 month / day / year

Clinic:

3 - Wake Forest  6 - Minnesota
4 - Columbia  7 - Northwestern and Loyola
5 - Johns Hopkins  8 - UCLA

Flash Setting?

Pupil Size (mm):

Field?

Number of Images Captured:

State reason in comment box

F1  F2  F1 & F2  Other (Specify in comment box)

Date form received: [Month] / [Day] / [Year]