

## UW-FPRC Photographer Certification Request Form AREDS 2

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| Site Name: _____<br><br>Institution _____<br><br>Mailing address _____<br><br>City _____ State _____ Country _____ Zip _____ | Site #: _____<br><br>PI: _____<br><br>Coordinator: _____<br><br>Fax#: _____ |
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|---|--|
| Photographer Name/ Work Address: _____<br><br>Name _____<br><br>Mailing address _____<br><br>City _____ State _____ Country _____ Zip _____ | Phone: ( _____ ) _____ - _____<br><br>Fax: ( _____ ) _____ - _____<br><br>e-mail _____ @ _____ |
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***Quality Assurance Statement***

I have read the Fundus Photograph Reading Center's (FPRC) Modified 3-Standard Field Color Fundus Photography procedure and I understand and agree to abide by the design and procedures of the trial. The Fundus Photograph Reading Center (FPRC) will be certifying for one photography procedure for this trial. The photography procedure is for color fundus photography using the FPRC's modified 3-standard field procedure on film (3M-F) or digitally (3M-D).

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Photographer Signature \_\_\_\_\_ Date \_\_\_\_\_

I request certification based on prior UW-FPRC certification for 3M-F or 3M-D

Check camera type for your site:  Film,  Digital

(Each digital system used for this study requires a separate "UW-FPRC Digital Color System Certification Request Form")

Serial Number(s) of Digital System(s) \_\_\_\_\_  
(provide serial# of fundus camera head)

| Photography Procedure (circle) | Number of sets submitted (circle) |
|--------------------------------|-----------------------------------|
| Fundus Photo (3M-F) or (3M-D)  | 1 2 3 4                           |

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| Send completed form and photographs to:<br><br>Photographer Certification Office<br>Fundus Photograph Reading Center<br>406 Science Dr. Suite 400<br>Madison, WI 53711 USA | Questions may be directed to:<br><br>Hugh Wabers, Photography Lead, (608) 263-9858,<br><a href="mailto:wabers@rc.opth.wisc.edu">wabers@rc.opth.wisc.edu</a><br>Marcia Schiffman, Photographic Admin., (608) 263-9858<br>Jule Pauls, Photographic Admin., (608) 263-9858<br>Certification Fax: (608) 265-9761 |
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| <b>For UW-FPRC:</b> <input type="checkbox"/> 3M-F <input type="checkbox"/> 3M-D | <b>Certification Approved:</b> _____ / _____ / _____<br>Day Month Year<br>(e.g., AUG.) |
| <b>Reviewer's Signature</b> _____   |  |