

FUNDUS PHOTOGRAPH READING CENTER
University of Wisconsin-Madison Department of Ophthalmology and Visual Sciences

AREDS 2
SUPPLY REQUEST FORM

To:
AREDS 2 Project Manager
Fundus Photograph Reading Center
406 Science Dr. Suite 400
Madison, WI 53711-1068

Fax to: (608) 263-0525

Today's Date: ___/___/___
Day Month Year

Requested By: _____ Email: _____

Telephone: _____ Fax: _____

Site#: _____ Site Name: _____

Address where supplies are to be shipped: _____

(Please allow 10 business days for shipping) _____

Supplies requested:
PLEASE INDICATE QUANTITY NEEDED

Qty. _____ QUAL Color and Fundus Reflex photo labels—*please provide the following information:*
 Film Digital

Qty. _____ Preprinted Color and Fundus Reflex photo labels—*please provide the following information:*
 Film Digital

Participant: _____ Initials _____ Visit(s) _____

Participant: _____ Initials _____ Visit(s) _____

Participant: _____ Initials _____ Visit(s) _____

Participant: _____ Initials _____ Visit(s) _____

Qty. _____ FA labels Film Digital

Participant: _____ Initials _____ Visit(s) _____

Participant: _____ Initials _____ Visit(s) _____

Qty. _____ OCT Labels DVD CD Paper

Participant: _____ Initials _____ Visit(s) _____

Participant: _____ Initials _____ Visit(s) _____

Qty. _____ Plastic slide pages (for Film Color sites only)

Qty. _____ Plastic angiogram pages (for film FA sites only)

Qty. _____ OCT plastic pages (for Paper sites only)

Comments _____