UW-FPRC Digital Color System Certification Request Form
NEI-VERT2

Site Name: _____
Institution
_____
Mailing address
_____
City State Country Zip

Site #: _____
PI: _____
Study Coordinator: _____
Fax#: _____

Photographer Name/Exact location of digital system:
_____
Name
_____
Mailing address
_____
City State Country Zip

Phone: _____
Fax: _____
e-mail_____@_____

Fundus camera make and model _____
(e.g., Topcon 50EX, Zeiss FF 450)

Fundus Camera Head-Serial Number: _____(Head and base may have different numbers)

System Specifications:

Microsoft Windows Operating System Version: _____ (Click right mouse button on "My Computer," then left click on "Properties")

Capture software version: _____ (Click on "Help", then click on "About" in you imaging software)

Capture capability: ☐ Digital color ☐ Fluorescein Angiography ☐ ICG

Digital System(s): (see photography procedures for more details)

☐ Topcon IMAGEnet
Have you submitted the FPRC Digital System Evaluation Software disk (DSES) to CFS Imaging? ☐ Yes ☐ No

☐ Ophthalmic Imaging Systems (OIS)
Have you submitted color images of 10 different eyes at specified angle (determined by camera type)? ☐ Yes ☐ No

☐ Escalon Medical Imaging (EMI)
Have you submitted color images of 10 different eyes at specified angle (determined by camera type)? ☐ Yes ☐ No

☐ Digital HealthCare (DHC)
Have you submitted color images of 10 different eyes at specified angle (determined by camera type)? ☐ Yes ☐ No

☐ MRP Group
Has Matt Carnivale been contacted @ 978-687-7979? ☐ Yes ☐ No

☐ Zeiss Visupac Serial# of Visupac system _____ Phone# to access system _____
Has an anonymized sample been included in DICOM format? ☐ Yes ☐ No

Do you have other digital systems? ☐ Yes ☐ No

Will you be certifying more than one system? ☐ Yes ☐ No

If yes, please specify:

(Remember: each system you plan to use for this study requires a separate form and certification.)

Send completed form and digital images to:

Photographer Certification Office
Fundus Photograph Reading Center
406 Science Drive, Suite 400
Madison, WI 53711 USA

Questions may be directed to:

DennisThayer, Photography Lead, (608) 263-9858,
thayer@rc.ophth.wisc.edu
Marcia Schiffman, Photographic Admin., (608) 263-9858
Jule Pauls, Photographic Admin., (608) 263-9858
Certification Fax: (608) 265-9761

For UW-FPRC use only: **Certification Approved:** __ __ /__ __ __ /__ __ __ __
Day **Month (e.g., AUG.)** **Year**

Reviewer's Signature_____