

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

Site Name: _____ Institution _____ Mailing address _____ City _____ State _____ Country _____ Zip _____	Site #: _____ PI: _____ Study Coordinator: _____
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Photographer Name/Exact location of digital system: _____ Name _____ Mailing address _____ City _____ State _____ Country _____ Zip _____	Phone: _____ Fax: _____ e-mail _____@_____
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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 the red frees of 10 different eyes at specified angle (determined by camera type)? Yes No

Escalon Medical Imaging (EMI)
 Have you submitted the red frees of 10 different eyes at specified angle (determined by camera type)? Yes No

MRP Group
 Has Peter Dirsra been contacted @ 978-687-7979? Yes No

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

Heidelberg HRA
 Has a sample anonymized fluorescein angiogram been included in .E2E format with unlocked stereo? Yes No

Do you have other digital systems? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be certifying more than one system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: <small>(Remember: each system you plan to use for this study requires a separate form and certification.)</small>	Send completed form and digital angiogram to: Photographer Certification Office Fundus Photograph Reading Center 406 Science Drive, Suite 400 Madison, WI 53711 USA Questions may be directed to: Dennis Thayer, Lead Photographer, (608) 263-9858, thayer@rc.ophth.wisc.edu Marcia Schiffman, Photographic Admin., (608) 263-6468 Jule Pauls, Photographic Admin., (608) 263-2169 Certification Fax: (608) 265-9761
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For UW-FPRC use only:	Certification Approved: ____ / ____ / ____ <small>Day Month Year</small> <small>(e.g., AUG.)</small>
Reviewer's Signature _____	

NEI-VERT, Digital angiography system certification form, Effective date: 03Jan2007, Supersede date: New