

Request For Photographer Certification NEI-VERT2

Site Name: _____ Institution _____ Mailing address _____ City _____ State _____ Zip _____	Site #: _____ PI: _____ Coordinator: _____ Fax#: _____
----------------------------------------------------------------------------------------------------	-----------------------------------------------------------------

Photographer Name/ Work Address: _____ Name _____ Mailing address _____ City _____ State _____ Zip _____	Phone: (_____) _____ - _____ Fax: (_____) _____ - _____ e-mail _____@_____
-------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------

Quality Assurance Statement

I have read the Fundus Photograph Reading Center's (FPRC) Modified 3 Field Color Fundus Photography using film or digital media and Digital Angiography Module and I understand and agree to abide by the design and procedures of the trial. The FPRC will be certifying for two photography procedures in this particular trial. The photography procedures are for 1) color fundus photography and for 2) fluorescein angiography. The color fundus photography procedure uses the FPRC's modified 3-standard field procedure on film (3M-F) or on digital media (3M-D). The fluorescein angiography procedure uses the FPRC's standard fluorescein angiography procedure, which will be imaged digitally (FA-D). An individual must have 3M-F or 3M-D and FA-D before they are certified for photography for this trial.

Photographer Signature **Date**

I request certification based on prior UW-FPRC certification(s) for (3M-D or 3M-F) and FA-D procedures

Each digital system used for this study requires a separate "Request for Digital System Certification Form"

Serial Numbers(s) of Digital System(s) _____

No. of Sets	Circle Type of Images submitted for certification		
	Fundus Photo (3M-F)	Fundus Photo (3M-D)	Digital Angiogram (FA-D)
	Fundus Photo (3M-F)	Fundus Photo (3M-D)	Digital Angiogram (FA-D)

Send completed form and photographs to: Photographer Certification Office Fundus Photograph Reading Center 406 Science Dr. Suite 400 Madison, WI 53711	Questions may be directed to: Dennis Thayer, Photography Consultant, (608) 263-9858 thayer@rc.ophth.wisc.edu Marcia Schiffman Photographic Admin., (608) 263-6468 Certification Fax: (608) 265-9761
--------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

For UW-FPRC: <input type="checkbox"/> 3-MF <input type="checkbox"/> 3M-D <input type="checkbox"/> FA-D	Certification Approved: _____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Day Month Year </div> (e.g., AUG.)
Reviewer's Signature _____	