

Clinician versus FPRC Disagreement Form

Purpose: To document review of clinical information regarding eyes for which fundus photography reading center (FPRC) grading disagree with clinician findings on presence or absence of CMV retinitis.

When: Whenever a reading indicates presence and the other absence of CMV retinitis between the clinical exam and the FPRC grading which is not accounted for by a coding error.

By whom: FPRC grader, clinic ophthalmologist and clinic coordinator.

Instructions: Upon identification of a major disagreement by the FPRC, the FPRC will complete sections A and B of the DS form and send it along with a cover memo to the clinic director requesting that a study ophthalmologist complete section C by referring to clinical notes, clinic copy and selected digitized copies from the reading center of the fundus photographs, the Eye Exam form, and if applicable, the CMV retinitis form for which the disagreement was noted. Upon completion of section C of this form, the clinic will send this form, the EE form, and if applicable, the CV form to both the CC and FPRC.

A. Clinic, patient, and visit identification (to be completed by FPRC)

1. Clinic ID code: _____
2. Patient ID#: _____
3. Patient name code: _____
4. Date of visit:
 _____ - _____ - _____
 day mon year
5. Visit ID code: _____

8. Date section completed:

_____ - _____ - _____
 day mon year

9. FPRC staff signature:

_____ signature

B. Findings of CMV retinitis from fundus photograph at FPRC (to be completed by FPRC)

6. Location of CMV retinitis (check only one for each eye)

a. Zone 1:

	Right	Left
Definite	(1)	(1)
Questionable	(2)	(2)
None	(3)	(3)

b. Zone 2/3:

	Right	Left
Definite	(1)	(1)
Questionable	(2)	(2)
None	(3)	(3)

7. Additional narrative information:

C. Finding of CMV retinitis from clinic (to be completed by study ophthalmologist)

10. Location of CMV retinitis (check only one for each eye)

a. Zone 1:

	Right	Left
Definite	(1)	(1)
Questionable	(2)	(2)
None	(3)	(3)

b. Zone 2:

	Right	Left
Definite	(1)	(1)
Questionable	(2)	(2)
None	(3)	(3)

c. Zone 3:

	Right	Left
Definite	(1)	(1)
Questionable	(2)	(2)
None	(3)	(3)

11. Ascertainment of findings (check all that apply)

- a. Medical records:** (1)
- b. Fundus photographs:** (1)
- c. Other (specify):** (1)

12. Additional narrative information:

13. Date section completed at clinic:

____ - ____ - ____
day mon year

14. Study ophthalmologist ID: _____

15. Study ophthalmologist signature:

16. Clinic coordinator ID: _____

17. Clinic coordinator signature:
