

Notification of Ocular Opportunistic Infection

Purpose: To notify the Coordinating Center of the date on which an ocular opportunistic infection (OOI) was diagnosed.

When: As soon as an ocular opportunistic infection is diagnosed.

By whom: Clinic coordinator.

Instructions: Use one form for each diagnosis of an OOI. Fax the form to CC at (410) 955-0932. If diagnosis is made at an interim visit, complete the Eye History, Eye Exam, Visual Acuity/Contrast Sensitivity, Visual Field (Goldmann and Humphrey) and the specific form for that OOI only. Fundus photography is also required. If diagnosis is made at a scheduled clinic visit, complete all required procedures for OOI's for that visit.

A. Transmission information

1. To: SOCA Coordinating Center
Fax number: (410) 955-0932
Attention: _____
2. From: Sent by (*print name*): _____
Telephone #: _____
SOCA Clinic: _____

B. Clinic, patient and visit identification

3. Clinic ID code: _____
4. Patient ID#: _____
5. Patient name code: _____
6. Date of visit: _____ - _____ - _____
 day month year
7. Visit ID code: _____

C. Notification of ocular opportunistic infection

8. Date of diagnosis: _____ - _____ - _____
 day month year
9. Diagnosis (*check only one*):
- | | |
|----------------------------|------------------------------|
| CMV Retinitis | (<input type="checkbox"/>) |
| Herpetic Retinitis | (<input type="checkbox"/>) |
| Toxoplasmic retinitis | (<input type="checkbox"/>) |
| Cryptococcal choroidopathy | (<input type="checkbox"/>) |
| Pneumocystis choroidopathy | (<input type="checkbox"/>) |