1. Date of OCT scans (m m/dd/yyyy):
2. Date of Clinical Visit coinciding with scans (m m/dd/yyyy):
3. Was time-domain OCT (Stratus-Zeiss) performed\*\*\*?

[ ]  Yes [ ]  No [ ]  Unknown

1. Was spectral-domain OCT (Cirrus-Zeiss) performed\*\*\*?

[ ]  Yes [ ]  No [ ]  Unknown

1. Was spectral-domain OCT (Spectralis-Heidelberg) performed\*\*\*?

[ ]  Yes [ ]  No [ ]  Unknown

1. Was ganglion cell layer thickness (segmentation) OCT (Cirrus-Zeiss) performed\*\*\*?

[ ]  Yes [ ]  No [ ]  Unknown

1. Was scan-based QA/QC performed?

[ ]  Yes [ ]  No [ ]  Unknown

* 1. If Yes, indicate QA/QC results:

[ ]  Pass [ ]  Fail, explain:

1. Refraction right eye (OD)\*\*\*:
2. Refraction left eye (OS)\*\*\*:

## General Instructions

This CRF Module is designed to be used in conjunction with the Imaging OCT Analysis Cirrus Macular Thickness, Contrast and Visual Acuity, RNFL Thickness Analysis, Spectralis Report Analysis and Stratus Retinal Thickness Report CRF Modules.

Investigators should support use of the MS OCT Imaging CRF Modules with detailed procedure, such as may be contained in the SOPs of their individual intuitions, with particular attention to software versions.

Elements on this CRF are classified as Supplemental unless otherwise indicated by asterisks (\*) and should only be collected if the research team considers them appropriate for their study.

\*\*\*These elements are considered Exploratory.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

* Date of OCT scans – The preferred format for recording date is DD/MMM/YYYY. 99/99/9999 can be used to indicate an unknown date.
* Date of clinical visit coinciding with scans – The preferred format for recording date is DD/MMM/YYYY. 99/99/9999 can be used to indicate an unknown date.
* Was time-domain OCT (Stratus-Zeiss) performed? – No additional instructions
* Was spectral-domain OCT (Cirrus-Zeiss) performed? – No additional instructions
* Was spectral-domain OCT (Spectralis-Heidelberg) performed? – No additional instructions
* Was ganglion cell layer thickness (segmentation) OCT (Cirrus-Zeiss) performed? – No additional instructions
* Was scan-based QA/QC performed? – No additional instructions
	+ QA/QC results – Only answer if scan-based QA/QC was performed. If QA/QC results failed, explain the reason for the failure as well as any corrective actions that took place as a result of the failure.
* Refraction right eye (OD) – No additional instructions
* Refraction left eye (OS) – No additional instructions