

Coordinating Center Use Only	
Received .....	Reason for Reread
Logged .....	<input type="checkbox"/> Quality Control
Checked.....	<input type="checkbox"/> Endpoint Committee
Entered.....	<input type="checkbox"/> Other.....
	Date.....

**OHTS Endpoint: EN**

Patient ID:

Date of Randomization:   /   /    
mm dd yy

Date of Endpoint Committee Decision:   /   /    
mm dd yy

Fax to Clinical Center and Appropriate Reading Center checked below

Endpoint Committee Decision for (check only one modality):

- 1 Confirmed Visual Field Abnormality
- 2 Confirmed Optic Disc Progression

Eye	Date of 1st Suspicious Finding	Date of 2nd Suspicious Finding	Date of 3rd Visual Field	Reading Center Decision
<input type="checkbox"/> 1 OD	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
<input type="checkbox"/> 2 OS	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

**Check both Cause of Abnormality (1, 2 or 3) and Action for continued testing (a, b or c) for the eye reviewed and this modality, i.e., for Visual Field or Optic Disc.**

1. <input type="checkbox"/> Most probably due to POAG Schedule an Unscheduled Visit (UN) and start or intensify treatment for POAG at PI's discretion. Comments _____ _____	2. <input type="checkbox"/> Most probably not due to POAG Check all that apply: <input type="checkbox"/> Ocular <input type="checkbox"/> Artifact <input type="checkbox"/> Other <input type="checkbox"/> Systemic <input type="checkbox"/> Unknown Comments _____ _____	3. <input type="checkbox"/> No Change/not clinically significant <input type="checkbox"/> Artifact Comments _____ _____ _____
a. Not applicable  b. <input type="checkbox"/> Continue follow-up testing, discontinue confirmation testing and endpoint review for this eye, this modality  c. <input type="checkbox"/> Discontinue follow-up testing, confirmation testing and endpoint review for this eye, this modality	a. <input type="checkbox"/> Continue follow-up testing, confirmation testing, and endpoint review for this eye, this modality  b. <input type="checkbox"/> Continue follow-up testing, discontinue confirmation testing, continue endpoint review for this eye, this modality  c. <input type="checkbox"/> Discontinue follow-up testing, confirmation testing and endpoint review for this eye, this modality	a. <input type="checkbox"/> Continue follow-up testing, confirmation testing and endpoint review for this eye, this modality  b. <input type="checkbox"/> Continue follow-up testing, discontinue confirmation testing, continue endpoint review for this eye, this modality  c. <input type="checkbox"/> Discontinue follow-up testing, confirmation testing and endpoint review for this eye, this modality

Member(s) of Endpoint Committee: (fill-in)    a. \_\_\_\_\_    b. \_\_\_\_\_    c. \_\_\_\_\_

Date Clinic is Notified:   /   /

Certification of person completing this form and notifying clinic: