

Coordinating Center Use Only

Received.....

Logged.....

Checked.....

Entered.....

OHTS Treatment Change: TC

Patient ID:

Date: / /
mm dd yy

Randomization Group: _____

Investigator must call Medical Monitor:

- To approve oral medication for any patient not at endpoint.
- To approve glaucoma laser or surgical procedures for any patient.
- Medical Monitor completes this form, sends original to Coordinating Center. Coordinating Center sends a copy to clinic.

To be completed by Coordinating Center

Patient at POAG Endpoint?: Yes No

Discs OD OS
mm dd yy

Fields / / OD OS
mm dd yy

1. Treatment change approved by Medical Monitor: (proposed treatment)

CURRENT TREATMENT

PROPOSED TREATMENT

	No Medications or Meds Withheld > 2 months	Topical Medications	Oral Medications	Laser Iridotomy or Laser Trabeculoplasty	Filtering or Combined Cataract/ Filtering Surgery
No Medications					
Topical Medications					
Systemic Medications					

2. Select affected eye(s):
 1 OD 2 OS 3 OU 4 (If systemic, check here) 5 None

3. Reason for treatment change: (check all that apply)

- 1 Medication side effects
- 1 High IOP
- 1 Non-compliance
- 1 Patient Request/Refusal
- 1 Other
(describe) _____

4. Investigator requesting treatment change: _____
 Investigator telephone number: _____ Certification

5. Approved? 1 Yes 2 No _____
 Medical Monitor Certification

6. Date: / /
 mm dd yy