SITE FEASIBILITY QUESTIONNAIRE – TOFU registry

**Please complete this questionnaire and return it to the TOFU registry Coordinating Centre by e-mail** [**tofu@ukbonn.de**](mailto:tofu@ukbonn.de)**.**

**Study Title**: Treatment-exit options for non-infectious uveitis (TOFU)

**Coordinating Investigators:**

Prof. Dr. med Robert Finger, PhD, Department of Ophthalmology, University of Bonn, Germany

Prof. Dr. med Carsten Heinz, Department of Ophthalmology St. Franziskus Hospital Münster

**Type of the Study:** Registry study

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| CLINICAL SITE: MAIN CONTACTS |
| **Site Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Principal Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Study Coordinator/Contact Person** (other than Principal Investigator):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Contracting Contact Person:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| SUBJECT AVAILABILITY | | | | | | |
| 1. Are there ongoing **clinical trials** at your clinical site?   Yes  No  1.1 If no, does your clinical site have **experience with clinical trials**?  Yes  No | | | | | | |
| 1. Are there ongoing **registries or epidemiologic studies on uveitis** at your clinical site?   Yes  No | | | | | | |
| 1. Is your clinic/practice a member of **EVICR.net**?   Yes  No   * 1. If no, would your clinical site consider becoming a member of EVICR?   Yes  No | | | | | | |
| 1. Based upon the **organisational structure** of your clinic or practice**,**    1. Is there a specialised uveitis clinic or service or for intraocular inflammation in your clinic or practice?   Yes  No   * + 1. If yes, who is the head of this service/principal investigator in your clinic/practice:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YYYY)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ since \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/YYYY)  Accumulative professional experience: \_\_\_\_\_\_\_\_\_ years   * + 1. Number of subjects with uveitis/intraocular inflammation **(non-anterior and non-infectious)** seen in your clinic or practice per week:   \_\_\_ # subjects per week  Not applicable   * + 1. Number of subjects with uveitis/intraocular inflammation  **(non-anterior and non-infectious)** newly presenting to your clinic or practice per month:   \_\_\_ # subjects per month  Not applicable     * + 1. Please state how many subjects with a new onset of uveitis/intraocular inflammation you can enrol per month:   \_\_\_ # subjects with intermediate uveitis per month  Not applicable  \_\_\_ # subjects with posterior uveitis per month  Not applicable  \_\_\_ # subjects with panuveitis per month  Not applicable | | | | | | |
|  | | | | | | |
| ETHICAL ISSUES | | | | | | |
| 1. Do you foresee any ethical issues for the study approval at your clinical site?   No  Yes   * 1. If yes, please specify:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 1. Ethics approval    1. Please name the respective ethics committee of your institution:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| EQUIPMENT | | | | | |
| Electronic Health Record | | | | | |
| Model (please select) | | Serial Number | | | Software version | |
| none | |  | | |  | |
| AIS | |  | | |  | |
| Arcandus | |  | | |  | |
| Duria | |  | | |  | |
| FIDUS | |  | | |  | |
| Filemaker | |  | | |  | |
| ifa | |  | | |  | |
| Imedone | |  | | |  | |
| medico | |  | | |  | |
| MediStar | |  | | |  | |
| MediSight | |  | | |  | |
| Orbis | |  | | |  | |
| SAP | |  | | |  | |
| Tomedo | |  | | |  | |
| custom | |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | | |  | |
| Assessment of Visual Acuity | | | | | |
| Please specify how visual acuity is regularly assessed in your practice/clinic. | | | | | |
| Autorefractometry | | | | | |
| at 4m distance | | | | | |
| at 5m distance | | | | | |
| ETDRS | | | | | |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Autorefractometer | | | | | |
| Model (please select) | Serial Number | | | Software/Version | |
| CANON RK-F2 |  | | |  | |
| NIDEK AR-1 |  | | |  | |
| NIDEK AR-310A |  | | |  | |
| NIDEK AR-360A |  | | |  | |
| NIDEK ARK-510A |  | | |  | |
| NIDEK ARK-560A |  | | |  | |
| NIDEK Tonoref III |  | | |  | |
| Retinomax |  | | |  | |
| Rodenstock ALINO |  | | |  | |
| Rodenstock CX 800 |  | | |  | |
| Rodenstock CX 2000 |  | | |  | |
| Rodenstock CXT 3000 |  | | |  | |
| TOPCON KR-1 |  | | |  | |
| TOPCON TRK-2P |  | | |  | |
| TOPCON KR-800 |  | | |  | |
| TOPCON KR-8900 |  | | |  | |
| TOPCON RM-8900 |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| tonometer | | | | | |
| Model (please select) | Serial Number | | | Software/Version | |
| Goldmann-Applanationstonometrie |  | | |  | |
| iCare/iCare Home |  | | |  | |
| NIDEK NT 510 |  | | |  | |
| NIDEK 5NT 30/530P |  | | |  | |
| NIDEK Tonoref II/III |  | | |  | |
| OCULUS Corvis |  | | |  | |
| Rodenstock NCT 2000 |  | | |  | |
| TOPCON CT 80/80A |  | | |  | |
| TOPCON CT-800A |  | | |  | |
| Tonom Diaton |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Slit lamp | | | | | |
| Model (please select) | Serial Number | | | Software/Version | |
| Bon |  | | |  | |
| Carl Zeiss |  | | |  | |
| Ellex |  | | |  | |
| Essilor |  | | |  | |
| HAAG-STREIT |  | | |  | |
| NIDEK |  | | |  | |
| Oculus |  | | |  | |
| TOMEY |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Phoropter | | | | | |
| Model (please select) | Serial Number | | | Software/Version | |
| Carl Zeiss Digital |  | | |  | |
| HAAG-STREIT Visutron |  | | |  | |
| HAAG-STREIT Manual |  | | |  | |
| NIDEK Digital |  | | |  | |
| TOPCON Digital |  | | |  | |
| TOMEY Digital |  | | |  | |
| TOMEY Manual |  | | |  | |
| Other Manufacturer/Model  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Perimeter | | | | | |
| Model (please select) | Serial Number | | | Software/Version | |
| Goldmann-Perimeter |  | | |  | |
| Carl Zeiss HFA 3 |  | | |  | |
| HAAG-STREIT Octopus 900 |  | | |  | |
| Heidelberg Engineering HEP |  | | |  | |
| OCULUS Centerfield 2 |  | | |  | |
| TOMEY AP-2500/3000 |  | | |  | |
| TOPCON HENSON 9000 |  | | |  | |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |  | |
| Imaging (Viewing) Software | | | | | | |
| Heyex 1 | | |  | |  | |
| Heyex 2 | | |  | |  | |
| Zeiss Visuspac Viewer | | |  | |  | |
| Zeiss Forum | | |  | |  | |
| custom | | |  | |  | |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  | |
| Fundus Photography | | | | | |
| CenterVue EIDON/AF/FA | | |  | |  |
| KOWA VA-10i | | |  | |  |
| KOWA VX-20 | | |  | |  |
| Optos California | | |  | |  |
| Optos Daytona | | |  | |  |
| Optos Monaco | | |  | |  |
| Optos Silverstone | | |  | |  |
| Optovue iFusion | | |  | |  |
| Zeiss CLARUS 450 | | |  | |  |
| Zeiss CLARUS 500 | | |  | |  |
| Zeiss CLARUS 700 | | |  | |  |
| Zeiss FF450plus | | |  | |  |
| Zeiss FF450plus/IR | | |  | |  |
| Zeiss VISUCAM 500 | | |  | |  |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| Other Manufacturer/Model:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| SD-OCT | | | | | |
| Model (please select) | | | Clinical routine | | Viewing Software (e.g. Heyex) |
| Carl Zeiss Cirrus HD-OCT 500/5000 | | |  | |  |
| Carl Zeiss Cirrus Photo 600/800 | | |  | |  |
| Heidelberg Engineering SPECTRALIS HRA | | |  | |  |
| Heidelberg Engineering SPECTRALIS HRA+OCT | | |  | |  |
| Heidelberg Engineering SPECTRALIS OCT | | |  | |  |
| Optos Monaco | | |  | |  |
| Optos Silverstone | | |  | |  |
| Optovue RTVue 100 | | |  | |  |
| Optovue XR-Avanti | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| Fluorescein/ICG-Angiography | | | | | |
| Model (please select) | | | Clinical routine | | Viewing Software (e.g. Heyex) |
| CenterVue EIDON FA | | |  | |  |
| Heidelberg Engineering SPECTRALIS HRA | | |  | |  |
| Heidelberg Engineering SPECTRALIS HRA2 | | |  | |  |
| Optos California fa | | |  | |  |
| Optos California icg | | |  | |  |
| Zeiss CLARUS 700 | | |  | |  |
| Zeiss FF450plus | | |  | |  |
| Zeiss FF450plus/IR | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| OCT-Angiography/ Swept-Source OCT | | | | | |
| Model (please select) | | | Clinical routine | | Viewing Software (e.g. Heyex) |
| Carl Zeiss Cirrus 5000-HD-OCT with AngioPlex | | |  | |  |
| Carl Zeiss PlexElite 9000 | | |  | |  |
| Heidelberg Engineering SPECTRALIS OCTA-Mod. | | |  | |  |
| Optovue RTVue-XR Avanti | | |  | |  |
| Topcon DRI-OCT Triton Swept-source OCT | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |
| Other Manufacturer/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you very much for your collaboration.