SITE FEASIBILITY QUESTIONNAIRE – TOFU registry

**Please complete this questionnaire and return it to the TOFU registry Coordinating Centre by e-mail** **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 [ ]  No1.1 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.