**Instructions**

1. An OPHTHALMOLOGY SERVICES – Request Form (page 2 below) must be completed for all clinical research protocols that include Ophthalmology-related assessments and/or diagnostic tests performed at the University of Ottawa Eye Institute.
2. Please email the completed Request Form, Study Protocol, and Ophthalmology-related worksheets, if available, to: **mlalonde@ohri.ca**
3. All Ophthalmology assessments and/or diagnostic tests included in the protocol must be specified on the Request Form.
4. Set fees are established by the Department of Ophthalmology; however, these fees are protocol-specific and may fluctuate.
5. Please allow 2-4 weeks for the review of your protocol and impact costing process.
6. A one-time $250 fee will apply for the review and set-up of all industry-sponsored protocols. This fee will be charged to the cost center listed in the BILLING DETAILS section of the Request Form once the Ophthalmology Impact Sheet is provided.
7. All appointments are to be booked via EPIC orders.
8. Please contact us when you are ready to book Ophthalmology Services to receive an EPIC order template that is specific to your protocol.
9. Ophthalmology Services will be charged via EPIC on a regular basis.
10. Please remember to forward amended protocols that may have an impact on Ophthalmology Services throughout the study.
11. Please let us know when your protocol is completed.
12. If you have any questions, please do not hesitate to contact:

**Mélanie R. Lalonde, PhD, CCRP**

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**Request Form**

|  |  |
| --- | --- |
| **SPONSOR:** |       |
| **PROTOCOL TITLE:**  |       |
| **STUDY SHORT NAME:**       | **PRINCIPAL INVESTIGATOR:**        |
| **CONTACT PERSON:**      Tel:      E-mail:       | **DEPARTMENT:**      Mailing address (including Box#):      |
| **Anticipated Start Date:**       | **Total Study****Length:**       | **Anticipated # of Research Participants:**       |

**OPHTHALMOLOGY ASSESSMENTS AND/OR RESEARCH DIAGNOSTIC TESTS:**

|  |
| --- |
| [ ]  Ophthalmology Assessment; Dr. (specify if applicable):       |

|  |  |  |
| --- | --- | --- |
| [ ]  Aberrometry | [ ]  Injections – E.g. Intravitreal | [ ]  Specular Microscopy |
| [ ]  Annidis – RHA | [ ]  Low Contrast – Sloan | [ ]  Tear Film Break Up Time (TBUT) |
| [ ]  Amsler Grid | [ ]  Low Contrast – Pelli-Robson | [ ]  TearLab |
| [ ]  Axial Biometry | [ ]  MMP-9 | [ ]  Tonometry – IOP |
| [ ]  Contact B-Scan | [ ]  OCT – Cirrus | [ ]  Ultrasound Biomicroscopy (UBM) |
| [ ]  Color Vision | [ ]  OCT – Spectralis | [ ]  Visual Acuity – Distance ETDRS |
| [ ]  Electro-oculogram (EOG) | [ ]  Pachymetry | [ ]  Visual Acuity – Distance Snellen |
| [ ]  Electroretinogram (ffERG) | [ ]  Photography – External Eye | [ ]  Visual Acuity – Near Vision |
| [ ]  ERG – Multifocal (mfERG) | [ ]  Photography – Fundus | [ ]  Visual Evoked Potential (VEP) |
| [ ]  ERG – Pattern (PERG) | [ ]  Photography – Slit-lamp | [ ]  Visual Field (VF) – Confrontational |
| [ ]  Fluorescein Angiography (FA) | [ ]  Refraction | [ ]  Visual Field (VF) – Goldmann |
| [ ]  Fundus Autofluorescence | [ ]  RPS AdenoPlus | [ ]  Visual Field (VF) – Humphrey |
| [ ]  Heidelberg Retinal Tomography  (HRT3)  | [ ]  Schirmer’s Tear TestCircle: with or without anaesthesia | [ ]  Other (specify):       |

|  |  |
| --- | --- |
| **BILLING DETAILS:**  | Cost center:      Invoices should be sent to:      Tel:      E-mail:       |
| **SIGNATURE:**  | **DATE:**       |