

The Australian and New Zealand Registry of Advanced Glaucoma needs assistance from ophthalmologists, other eye health professionals and low vision services in Australia and New Zealand to recruit suitable candidates based on clinical evaluation. Suitability for inclusion into the registry is listed over page.

Note: All participants will be asked to provide a DNA sample (blood or saliva) to assist in the search for new genes related to glaucoma. This will be coordinated by staff at the Australian and New Zealand Registry of Advanced Glaucoma.

Australian & New Zealand Registry of Advanced Glaucoma (ANZRAG)

Department of Ophthalmology Flinders Medical Centre Flinders Drive Bedford Park SA 5042 South Australia

T (08) 8404 2035 F (08) 8204 6722 E <u>info@anzrag.com</u> W <u>anzrag.com.au</u>

vv <u>anzrag.com.au</u>												
REFERRAL FORM												
	ı	PARTICIPANT DET	*Please tick if aware they will be contacted									
REFERRAL COMME	NTS:											
Surname:				First Name:								
Date of Birth: Address:				Sex: □ Male □ Female Identifies As:								
(for postage of DNA collection												
kit)	State:	Postcode:		Country:								
Phone Number/s:			Email/s:									
REFERRAL SOURCE (REQUIRED)												
Eye Practitioner:				GP:								
Address:			Address:									
			•• •••••									
State:	Postcode:			:	Postcode	•••						
Phone:	_		Phone:		Fax:							
Email:	Fax:				ı ax.							
Family History of	Glaucoma?		Email: Cultural Background: Ethnicity: Middle Eastern									
☐ No ☐ Yes ☐ Unknown If Yes, please indicate all known relationships:			e.g. Greek, Italian		 ☐ Indigenous Al ☐ African ☐ Caucasian ☐ Hispanic ☐ Polynesian 	I I Acian						
	nember enrolled in ANZF of ANZRAG participant											
Medical History (t	ick relevant boxes):											
Raynaud's: \(\subseteq \text{ Y [} \)	□ N Diabetes: □ Y □ N (<i>Previous Tr</i> e		ep Apr	nea: □Y□N	Migraine: [\square Y \square N						
Select all relevant diagnoses. (criteria over page) *Tick box if participant has no signs of any glaucoma:	GLAUCOMA STATUS: POAG SUSPECT (monitored) JOAG (JUVENILE) APHAKIC GLAUCOMA PCG (CONGENITAL)	RE LE Onitored) Narrow Angles NILE) Acute AUCOMA Mixed		SECONDARY GLAU PXF RE LE [PDS RE LE [STEROID RESPO TRAUMA UVEITIS/INFLA/ RUBEOTIC ANTERIOR SEG/ ASD Ocular Feat	ONDER WMATORY MENT DYSGENESIS	OTHER: ASSOCIATED SYSTEMIC FEATURES (AXENFELD-RIEGER SYNDROME):						
OFFICE USE ONLY:	Date Request Received:	Date Kit Posted:		Date Sample Rec	eived:	Copy Consent: PIS:						

PATIENT CLINICAL DETAILS (IF KNOWN)											
DOES PARTICIPANT HAVE ADVANCED GLAUCOMA? (*See criteria below): No Yes											
AGE at Diagnosis:		•••••									
		RE			LE						
Highest IOP (mmHg):		at d	iagnosis Y	\square N \square	at diagnosis Y □ N □						
BCVA:											
Refraction: (spherical equivalent) (pre cataract extraction)	/	x	(SE:)	/x(SE:)						
Central Corneal Thickness (µm):		□ Corne	eal Decomp	pensation	Corneal Decompensation						
Vertical Cup Disc Ratio:		•••••									
Mean Deviation (dB): (recent reliable field) (CFL is 2/4 central squares on PSD)	 Central Field		lo □ Yes	□ Unknown							
Disc Haemorrhage:	□ No □ Ye	s 🗆 Recur	rent 🗆 Uı	nknown	□ No □ Yes □ Recurrent □ Unknown						
SELECT FOR EACH EYE CONDITION:											
DRY Macular Degeneration:	□ No □ Yes □ Unknown				□ No □ Yes □ Unknown						
WET Macular Degeneration	□ No □ Yes □ Unknown				□ No □ Yes □ Unknown						
LENS Status:	ENS Status: ☐ Phakic ☐ IOL/Pseudophakic						☐ Phakic ☐ IOL/Pseudophakic				
Lens Dislocation: (tick all that apply)	☐ Zonules/☐ Long Anto☐ Subluxati☐ Dislocate	erior Zonu on			☐ Zonules/Wobbly Lens☐ Long Anterior Zonules☐ Subluxation☐ Dislocated Lens						
			GLAUCC	MA TREATMENT	Γ:						
Eye Drops (current):	□ No □ Ye	es 🗆 Unkr	nown		□ No □ Yes □ Unknown						
Laser: (Tick all that apply)	□ PI □ SL	T/ALT			□ PI □ SLT/ALT						
	MIGS/Stent	□ No	☐ Yes	☐ Unknown	MIGS/Stent	□ No	☐ Yes	□ Unknown			
	XEN	□ No	☐ Yes	☐ Unknown	XEN	□ No	□ Yes	□ Unknown			
Glaucoma Surgery:	PreserFlo	□ No	☐ Yes	☐ Unknown	PreserFlo	□ No	□ Yes	□ Unknown			
(Tick all that apply)	Tube	□ No	☐ Yes	☐ Unknown	Tube	□ No	☐ Yes	□ Unknown			
	Trab	□ No	□ Yes	□ Unknown	Trab	□ No	□ Yes	☐ Unknown			
Retinal Detachment Surgery:	□ No □ Yes	□ Unkno	own		□ No □ Yes □ Unknown						

*INCLUSION CRITERIA

ADVANCED GLAUCOMA

Visual Field Loss related to glaucoma with 2 out of the 4 central squares having a Pattern Standard Deviation (PSD) < 0.5% on a Humphrey 24-2 field (i.e fixation involved) OR

Mean Deviation (MD) > -15 dB OR

In absence of field testing, loss of central acuity related to glaucoma.

- NON-ADVANCED GLAUCOMA (participants with definite glaucoma, not fitting the advanced criteria).
- GLAUCOMA SUSPECTS (IOP ≥ 22 mmHg or on treatment).

ANY ADDITIONAL INFO:

Other categories currently recruiting, **INDEPENDENT** of glaucoma:

- Pseudoexfoliation (PXF)
- Pigment Dispersion Syndrome (PDS)
- Anterior Segment Dysgenesis (ASD)
- Nanophthalmos
- Steroid Responder
- Iridocorneal Endothelial (ICE)
- Optic Disc Drusen (ODD)
- Participants without any signs of glaucoma present

Not Excluded: Trauma

v2