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| **HYDRA 01 - Electronic Case Report Form** | | Examiner |  |
| Person ID |  | Date of informed consent |  |
| Enrollment Date |  | Date of examination |  |
| Sex |  | Age |  |
| Start time IMD examination |  | End time IMD examination |  |
| **Key Inclusion Criteria** | | | |
| Subjects with healthy eye, or has been diagnosed already with eye disease? | | | Yes / No |
| Patients > 18 years of age? | | | Yes / No |
| Informed Consent as documented by date and signature? | | | Yes / No |
| **Key Exclusion Criteria** | | | |
| Other clinically significant concomitant disease states that impair measurement? | | | Yes / No |
| Known episodes of epilepsy? | | | Yes / No |
| Inability to follow the procedures of the study, e.g. due to language problems, psychological disorders, late stage Alzheimer disease, etc. of the participant? | | | Yes / No |
| Subjects using implanted electronic medical devices (e.g. cochlear implant, pacemaker, defibrillator, infusion pump)? | | | Yes / No |
| Participation in another study with investigational drug within the 30 days preceding and during the present study? | | | Yes / No |
| Previous enrolment into the current study? | | | Yes / No |
| Enrolment of the investigator, his/her family members, employees and other dependent persons? | | | Yes / No |
| **Diagnosis and Intervention** | | | |
| Left or right eye according to randomisation list for healthy subjects | | | OD / OS |
| Healthy eye? | | | Yes / No |
| **IMD measurement** | | | |
| Pre VA (ETDRS Score) |  | Post VA (ETDRS Score) |  |
| IMD retinal thickness | μm | IMD choroidal thickness | μm |
| Re-measurement of VA | μm |  |  |
| **Comparative measurement** | | | |
| RMD retinal thickness | μm | RMD choroidal thickness | μm |
| **Safety / Comfort** | | | |
| Safe procedure (Physician rating) | (1-100) | Patient Comfort | (1-100) |
| **Adverse events / Serious adverse event / Adverse device effects** | | | Yes / No |
| **Device Deficiency** | | | Yes / No |