# Image / Case Study Submission Form

Please fill out the form below and submit with images / case study to: [Vision-Care.Academy@natus.com](mailto:Vision-Care.Academy@natus.com)

## Personal Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Title / Credentials: |  | | | | |
| Phone: |  | Email: |  | | |
| May we use your name and credentials for showcase events and or publications? | | | | Yes | No |

## Institute Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Site/Hospital Name: | | |  | | | | | | | | | | |
| Department: | NICU | | | PICU | | | OR | Other |  | | | | |
| If NICU Please Specify: | | | | | Level |  | | | Number of beds in unit |  | | | |
| Location: | |  | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |
| May we use your institutions name for showcase events and/or publications? | | | | | | | | | | | Yes | | No |

## Patient Information

|  |  |  |  |
| --- | --- | --- | --- |
| Age of Patient | |  | |
| *Please give best description possible relating to age at time of imaging / study. If the age of patient covers a range, please provide accurate details in the description that allow NATUS to detail the images / study properly.* | | | |
| Diagnosis | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | ROP | NAHT | Retinoblastoma | Other: |  | |
| *Please give best description possible relating to diagnosis. For example, if the diagnosis is ROP it can accurately be described in zones and or stages. If diagnosis of patient covers a range, please provide accurate details in the description that allow NATUS to detail the images / study properly. If more space is needed please note the description in the email body along with submission form.* | | | |
| Description: |  | | |
|  | | | |

## Image Submission

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Select RetCam System Used: | |  |  |  | | --- | --- | --- | | RetCam 3 | RetCam Shuttle | RetCam Portable | | |
| Number of Images submitted: |  | |
| Have images been de-identified? | YES | NO |
| *Please see instructions below on how to properly de-identify image files and export in Jpeg format. Should NATUS need files submitted in other formats for showcase events or publication you will be contacted with directions on that transfer process.* | | |

## Case Study Submission

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select RetCam System Used: | | |  |  |  | | --- | --- | --- | | RetCam 3 | RetCam Shuttle | RetCam Portable | | |
| Title of Case Study: |  | | |
|  | | | |
| Names and Credentials of all authors to be listed on Case Study: | |  | |
|  | | | |
| Has patient been de-identified? | | YES | NO |
| *Please see instructions below on how to properly submit a case study. Should NATUS need files submitted in other formats for showcase or publication you will be contacted with directions on that transfer process.* | | | |

## Signature

|  |  |
| --- | --- |
| Signature | Date |

## Image Export / File Transfer

|  |  |
| --- | --- |
| **Select Images on RetCam System for Export** | |
| If allowed by your institution, the transfer of images from the RetCam can be done using a USB memory stick. For best image transfer solution please refer to your technical service department and note that images will be de-identified prior to submission. | |
| **1.** Go to the **Patients and Exam** screen and highlight the desired patient. Using the + sign, open the appropriate exam(s) | |
| **2.** Check the white boxes on the right side of the display to select files for Export | |
| **3.** Click **Export Patient Data** at the top right of the screen | |
| **4.** The **Export** dialog box appears | |
| **5.** Verify the destination location path | |
| **6.** UNCHECK create subfolders | |
|  | **NOTE:** By not allowing subfolders images exported will only be assigned a GUID ID that contains no patient demographics |
| **7.** Select **Split File format** | |
| **8.** Confirm Export Images is checked on **JPEG** format | |
| **9.** Select Export | |
| **10. Once files are exported they must be verified to ensure they contain no patient information.** | |
|  | **NOTE:** Any changes made to the RetCam for export will need to be changed back to their original path and subfolder creation |
| **Select Images Previously Exported for Transfer** | |
| If files have been previously exported in JPEG format they can be copied with a right click “copy” and “paste” option. Copied files can then be de-identified, if not already, for transfer. | |
| Please submit all files and images along with submission form to: [Vision-Care.Academy@natus.com](mailto:Vision-Care.Academy@natus.com) | |

## Case Study Export / File Transfer

|  |  |
| --- | --- |
| Case Studies should be drafted with the following basic guidelines. Natus will communicate any and all needs once submissions are reviewed and determinations are made regarding showcase events and/or publication. | |
| List all authors and their credentials as well as institution name and information if applicable | |
| 1. Introduction / Patient Characteristics | |
| 2. Initial Exam and Clinical Impression | |
|  | NOTE: Please explain all types of examinations done including detailed descriptions of indirect ophthalmoscopy (if applicable) and also RetCam imaging |
| 3. Outcome and/or Findings | |
| 4. Discussion | |
| Please submit case studies PDF format. If the submission is accepted for showcase events and/or publication a final draft prepared by NATUS Medical Incorporated will be sent to you for your review. | |
| Please submit all files and images along with submission form to: [Vision-Care.Academy@natus.com](mailto:Vision-Care.Academy@natus.com) | |