



INTACT RESEARCH STUDY



HCQ Retinopathy Screening Referral Request Form

PLEASE SEND COMPLETE FORM TO RETINOLOGIST & INTACT STUDY TEAM

intact.study@arthritisresearch.ca | P: (604) 207-4038 | F: (604) 207-4059

DOCTOR'S INFORMATION

Referring doctor (name): _____

Billing #: _____ Phone: _____ Fax: _____

Referring Doctor's Address: _____

Referring to: [checkbox] _____ Date of Referral: _____

cc: GP Name: _____

Patient **consents to being contacted** by the Principal Investigator (Dr Aviña-Zubieta) and research team, for the purposes of this study:

PATIENT INFORMATION

Patient has been using hydroxychloroquine (HCQ) for **≥5 years**

Patient name: _____

PHN: _____ Date of Birth: _____ Age: ____ Sex: ____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Home Address: _____

Patient Email: _____

Diagnosis: Systemic Lupus Erythematosus Rheumatoid Arthritis

Weight (kg): _____ Height (cm): _____ BMI: _____

Current Hydroxychloroquine Dose (mg/day): _____

Renal Function

Creatinine: _____ eGFR: _____ Most recent lab (DD/MM/YYYY): _____

REASON FOR REFERRAL

Exam Request: Annual Retina Toxicity Screening for Hydroxychloroquine

Comments: _____

Dear Physician [checkbox]:

If this meets with your approval, please put through a no charge to MSP prior to the date in order to comply with MSP rules.

No Charge Referral Completed



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INTACT RETINA NETWORK – Fax Numbers

VANCOUVER

- Suren SANMUGASUNDERAM
(604) 730-0556
- Kaivon PAKZAD-VAEZI
(604) 875-1677
- David ALBIANI
(604) 875-1677
- Andrew KIRKER
(604) 875-1677
- Andrew MERKUR
(604) 875-1677
- Bryon MCKAY
(604) 875-1677
- Eduardo NAVAJAS
(604) 875-5479
- Zaid MAMMO
(604) 875-4699
- Lica CHUI
(604) 875-6974
- Patrick MA
(778) 379-5546

RICHMOND

- Michael BUTLER
(604) 876-1122
- Kaivon PAKZAD-VAEZI
(604) 875-1677
- David ALBIANI
(604) 875-1677
- Andrew KIRKER
(604) 875-1677
- Andrew MERKUR
(604) 875-1677
- Bryon MCKAY
(604) 875-1677

SURREY

- David TA KIM
(604) 521-4129
- Steve LEVASSEUR
(604) 521-4129
- Dhar DHANDA
(604) 521-4129
- Leah WITTENBERG
(604) 521-4129
- Simon LAM
(604) 521-4129
- Robert GIZICKI
(604) 521-4129
- Kaivon PAKZAD-VAEZI
(604) 875-1677
- David ALBIANI
(604) 875-1677
- Andrew KIRKER
(604) 875-1677
- Andrew MERKUR
(604) 875-1677
- Bryon MCKAY
(604) 875-1677
- Suruchi BHUI
(778) 372-4272

BURNABY

- Ravinder Dennis BHUI
(604) 433-6154
- Michael BUTLER
(604) 876-1122

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ABBOTSFORD

- David TA KIM
(604) 521-4129
- Steve LEVASSEUR
(604) 521-4129
- Dhar DHANDA
(604) 521-4129
- Leah WITTENBERG
(604) 521-4129
- Simon LAM
(604) 521-4129
- Robert GIZICKI
(604) 521-4129

KELOWNA

- Malvinder HOONJAN
(250) 860-3930
- Aaron JOE
(604) 359-3083

KAMLOOPS

- Michael ROSS
(778) 399-0950

VICTORIA

- Murray ERASMUS
(778) 265-7515

NANAIMO-DUNCAN

- Brett WILLIAMS
(250) 748-9647

PENTICTON

- Joel POST
(250) 770-3288

NEW WESTMINSTER

- David TA KIM
(604) 521-4129
- Steve LEVASSEUR
(604) 521-4129
- Dhar DHANDA
(604) 521-4129
- Leah WITTENBERG
(604) 521-4129
- Simon LAM
(604) 521-4129
- Robert GIZICKI
(604) 521-4129

PRINCE GEORGE

- Andrew LUKARIS
(250) 596-8302

NORTH VANCOUVER

- Eduardo NAVAJAS
(604) 875-5479
- Derek GODINHO
(604) 985-1271

WEST VANCOUVER

- Eduardo NAVAJAS
(604) 875-5479

VERNON

- Hussein HOLLANDS
(250) 549-4589

TERRACE

- Beatrice ADANTE
(250) 615-5004

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RHEUMATOLOGY MOAs:

1. Ensure this referral form is filled out properly.
2. Fax to the indicated retina specialist/ophthalmologist AND cc a copy to the INTACT Research Team.

OPHTHALMOLOGY MOAs:

1. Book an appointment with the patient, using contact info on page 1.
2. Send appointment confirmation to the referring rheumatologist **and** the INTACT Study Team.
3. Ask ophthalmologist/assigned person to fill out the retina specialist reporting form after completion of exam, based on consult.
 - a. Assign a unique, **unused** INTACT study ID to patient
 - b. If you are filling out on paper, write or label the patient's Study ID on the top right corner of **all** pages
4. Make a record of the unique ID code and full name of patient.
5. Reschedule the patient for the next 12 months or sooner, based on the ophthalmologist/retina specialist's recommendation.

IF YOU HAVE ANY QUESTIONS OR CONCERNS:

Please contact the INTACT Study Research Team

Email: intact.study@arthritisresearch.ca

Phone: (604) 207-4038

Fax: (604) 207-4059