OCT-*C*
PORTFOLIO REQUIREMENTS
CIRRUS SPECIFIC EDITION

The portfolio must be produced entirely by the applicant.

The portfolio submission form (page) must be completed and submitted with the portfolio. By signing the portfolio submission form, the applicant attests to the authenticity of the work submitted. Submission of work completed by anyone other than the applicant constitutes fraud. Fraud or misrepresentation of the portfolio may result in disqualification of the applicant.

Label all files/prints with your last name as a prefix to the Item #. For example, the submission set for # 7 should be labeled: **"your last name"7a (SMITH7a). Complete Naming and Labeling conventions can be found on page 12.**

Normal eyes can be used when pathology is not specified in the item description. If applicable, the same eye may be imaged for multiple items.

1.   Submit a serial set of two Fast Macular Thickness Maps of one eye with normal foveal thickness (less than 200 microns as measured using the central subfield thickness measurement.) The scans must be performed on the same day of the same eye with a minimum of five minutes and a maximum of eight hours between scans – make a note of time. The center point thickness measurement of each map must be within 10 percent of each other.
   a.   Submit the Retinal Map Analyses of both scans
      i.   Label first map: **1A**
      ii.   Label second map: **1B +** the length of time between scans (for example: **1B5** for +5 minutes or **1B1HR** for + 1 hour)

Cirrus: Submit serial 512 x 128 Macular Cube Scans at least 5 minutes apart, both with a foveal thickness of less than 250 microns . Label as instructed above. Please use the Macular Thickness analysis.

2.   Submit a serial set of two Fast Macular Thickness Maps of one eye with central foveal thickness (greater than 350 microns as measured using the central subfield thickness measurement.) The scans must be performed on the same day of the same eye with a minimum of five minutes and a maximum of eight hours between scans – make a note of time. The center point thickness measurement of each scan must be within 10 percent of each other.
   a.   Submit a retinal thickness analysis of each of the six scans of the **FIRST** Fast Macular Scan
      i.   Label set: **2A1, 2A2, 2A3, 2A4, 2A5, 2A6**
   b.   Submit the Retinal Map Analyses
      i.   Label first map: **2B**
      ii.   Label second map: **2C +** the length of time between scans (for example: **2C5** for +5 minutes or **2C1HR** for + 1 hour)

Cirrus: Submit serial 512 x 128 Macular Cube Scans at least 5 minutes apart, with the central foveal thickness being greater than 400 microns. Label as instructed above. Please use the Macular Thickness analysis.

3.   Submit the specified scan and analyses sets for <u>one eye</u> for **four** of the <u>**five**</u> conditions below:
   a.   Cystoid Macular Edema
      i.   SCAN: Macular Thickness Map or Radial Lines   ANALYSIS: Retinal Map
         1.   Label **3A1**
      ii.   From the same capture, submit the individual line scans for 0 degree and 90 degree
         1.   Label **3A2** and **3A3**

Cirrus: 512 x 128 Macular Cube Scan. Macular Thickness analysis. 5 Line Raster at default (0 degree).

   b.   Macular Hole/ Macular Traction
      i.   SCAN: Line Scan   ANALYSIS: Normalize
         1.   Label **3B1**
      ii.   SCAN: Cross Hairs   ANALYSIS: Align
         1.   Label **3B2a** and **3B2b**

Cirrus: 200 x 200 Macular Cube Scan. Advanced Visualization analysis (3d Cube) printout.
3mm 5 Line Raster at 0 degree and 3mm 5 Line Raster at 90 degree. Please submit one printout of each.

      c.   Glaucoma

           i.   SCAN: Fast RNFL Thickness(3.4)   ANALYSIS: RNFL Thickness Avg

                 1.   Label **3C1**

           ii.   SCAN: Fast Optic Disc   ANALYSIS: Optic Nerve Head

                 1.   Label **3C2 - Provide first scan (90 degree)**

Cirrus: 200x200 Optic Disc Cube Scan of both eyes on same patient.

      d.   Retinal Pigment Epithelial Detachment

           i.   SCAN: Line   ANALYSIS: Proportional

                 1.   Label **3D1**

           ii.   SCAN: Fast Macular Thickness Map   ANALYSIS: Retinal Map

                 1.   Label **3D2**

Cirrus: 512 x 128 Macular Cube Scan. Macular Thickness analysis. 5 Line Raster at default (0 degree). Please submit grayscale printout.

      e.   Age Related Macular Degeneration

           i.   SCAN: Fast Macular Thickness Map   ANALYSIS: Retinal Map

                 1.   Label **3E1**

           ii.   SCAN: Macular Thickness Map or Radial Lines   ANALYSIS: Retinal Map

                 1.   Label **3E2**

          The central thickness measurement of 3E1 map must be within 10 percent of 3E2map.

Cirrus: 512 x 128 Macular Cube Scan. Macular Thickness analysis. 200 x 200 Macular Cube Scan. Macular Thickness analysis.

4.   Acquire a Fast Macula Thickness and a Fast RNFL scan through an **un-dilated** or minimally dilated pupil. Pupil size should be less than 4mm. Both scans must be acquired on the same eye. Signal strength must be five or better on all scans.

      a.   Provide **ONLY** a Retinal Map and RNFL Thickness Average.

           i.   Label Retinal Map: **4A**

           ii.   Label RNFL Thickness Average: **4B**

Cirrus: 512 x 128 Macular Cube Scan. 200x200 Optic Disc Cube Scan.

5.   Acquire a high resolution (512 A scans) Line scan through a media opacity (i.e. cataract, vitreous hemorrhage, or debris) of a patient with macular or foveal pathology. Scan should illustrate compromised scan quality (signal blocking or "shadowing") from the opacity.

      a.   Analysis: Align

           i.   Label: **5A**

Cirrus: 5 Line Raster at default (0 degree) HDIA 5 Line Raster printout: select center line for printing

6.   On the same eye used for Item #5, acquire a high resolution (512 A-scans) Line scan around media opacity (i.e. cataract, vitreous hemorrhage or debris). Scan angle or positioning within pupil should be adjusted to minimize (signal blocking or "shadowing") from the opacity and illustrate improved visibility of pathology.

      a.   Analysis: Align

           i.   Label: **6A**

Cirrus: 5 Line Raster at default (0 degree) HDIA 5 Line Raster printout: select center line for printing

7.   Acquire one high resolution (512 a-scans) line scan at 6mm vertical (at 90 degrees).

      a.   Analysis: Align or Proportional

           i.   Label: **7A**

Cirrus: 5 Line Raster at 90 degree. Adjust spacing between lines to 0.125mm. HDIA 5 Line Raster printout

8.   Acquire one high resolution (512 a-scans) line scan at 10mm horizontal (at 0 degrees).

      a.   Analysis: Proportional

           i.   Label: **8A**

Cirrus: 5 Line Raster at 9mm horizontal (0 degrees). Please select one line for submission.

9.   Acquire a 7mm scan centered on the fovea in the right eye, with a 5° incline from temporal to nasal.

      a.   Analysis: Align or Proportional

           i.   Label: **9A**

Cirrus: 5 Line Raster 9mm scan with a 5 degree incline from temporal to nasal. Please select one line for submission. HDIA 5 Line Raster printout.

10.   Using any line scan, provide a Retinal Thickness (single eye) Analysis using the calipers to measure retinal pathology. Caliper placement and measurement must be displayed on print/file.
      a.   Analysis: Retinal Thickness (single eye)
          i.   Label **10A**

Cirrus: Please use the "Ruler" tool to measure the retinal pathology. Please submit any standard report analysis.

- All scan sets must be properly anonymized (de-identified), labeled and submitted to the OCT Portfolio Committee.

- Scan sets may be submitted either in digital or print form.

- Acceptable methods for de-identification can be found in the Appendices.

PORTFOLIO RATING STANDARDS

The Portfolio Committee uses standards established and approved by the Board to perform ratings of OCT portfolios. Two members of the Portfolio Committee independently rate each portfolio and, when required, the Committee Chair arbitrates scores.

OCT portfolios are rated by applying the following standards:

Intent: Is the required image present?

Protocol: Does the image show the specified scan and analysis protocol?

Scan Quality: Are the scan paramaters within an acceptable range?

Artifacts: Is the image free of undesirable artifacts?

Labeling: Is the image de-identified of private health information and labeled properly?

All criteria for each required image must be met for the portfolio to be found satisfactory. Item specific criteria are identified in the Portfolio Guidelines (**page 10**).

PORTFOLIO ASSEMBLY

The required image files or prints, must not contain any patient information and must be labeled as descibed below.

ACCEPTABLE METHODS OF IMAGE SUBMISSION

Images may be submitted digitally or in print form. Digital images may be submitted in **pdf** or **jpeg** format.

ACCEPTABLE METHODS OF DE-IDENTIFICATION

All images must be de-identified (anonymized); no patient information can be visible on the submitted images. Acceptable methods to remove/replace the patient information with the provided naming convention can be found in the Appendices of this guide.

NAMING CONVENTION FOR OCT SCAN PORTFOLIO SUBMISSIONS

Last Name: OCT Certification
First Name: Candidate Name (Your Name)
Birth date: 1-1-1900
Patient ID: Item # (Example : Item 1A or 3C)

LABELING CONVENTION FOR PORTFOLIO SUBMISSIONS

Name each individual file with the appropriate image number as defined in the Portfolio Requirements (page 10). Place a label on the back of each print with the appropriate image number as defined in the Portfolio Requirements (page 10).

The portfolio will be deemed unsatisfactory if it contains extra examples of the requested images or contains any patient information.

PORTFOLIO SUBMISSION

The portfolio must be submitted on a single, non-rewritable CD/DVD or in plastic pages and a binder. Take the same care packaging your portfolio as you did producing it. Package the CD/DVD in a jewel case and mail in a bubble envelope. Portfolios will not be returned to candidates, please maintain a copy for yourself. Slide/print submissions should be simple to re-package for mailing after review.

Complete the Portfolio Submission Form (page 43) and place it in the binder or in the envelope with the CD/DVD submission.

Do not include your employment verification letter with this submission.   These documents are submitted with the Examination Application.

Send the portfolio to the address on the portfolio submission form. The OCT Portfolio Committee will review the portfolio within 30 days. Portfolios meeting the requirements will receive a letter of acceptance. Portfolios not meeting the requirements will receive a critique of the unacceptable segments. The applicant can correct any deficiencies and resubmit the required component(s); if the portfolio committee returns the entire portfolio, correct the required components and resubmit the entire portfolio.

The Ophthalmic Photographers' Society Board of Certification assumes no liability for any materials lost or damaged in shipping and handling. The Board of Certification recommends that applicants maintain a copy of the portfolio for their personal records.

The Portfolio Committee will notify the OCT Section Chair of the applicant's examination eligibility. The Section Chair will send the applicant an Examination Application and information regarding upcoming examination dates.