

Supplementary file 1. Clinical Form for Registration of Patients with Inherited Retinal Dystrophy.

Notice: All required data elements are marked with an asterisk (*).

Demographic Information		
First and last names:		

Hereditary Information		
Marital Status	Single	Married

Systemic health status		
Systemic disease	Yes	No

Biobank Data		
Is there a sample from patient?	Yes	No

Genetic Information	
Screening Method	

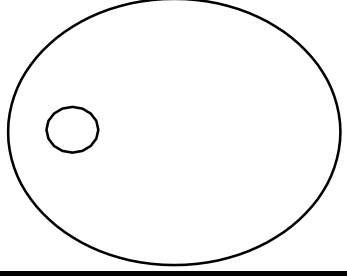
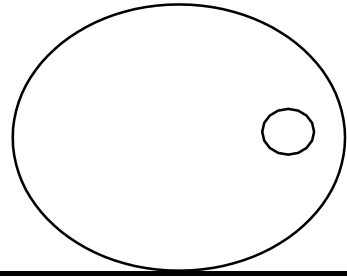
Visual Examination		
Main Findings	OD	OS
Presenting VA		

Ophthalmic Examination

IOP	OD	mmHg.....	Medication	Yes	No
	OS	mmHg	Medication	Yes	No

Slit Lamp Examination		Cornea*		Iris		Ant. Chamber		Lens		Ant. Vitreous	
		Clear	Opaque	Normal	Abnormal	Clear	Abnormal	Clear	Cataract	Clear	Abnormal
	OD										
	OS										

Fundus Examination	OD	Optic Disc						Macular Involvement*		Vessels*		Periphery*	
		Cup	Color*			Margin							
			Pink	Pale	Waxy pallor	Sharp	Blurred		Yes	No	Normal	Abnormal	Normal
	OS	Optic Disc						Macular Involvement*		Vessels*		Periphery*	
		Cup	Color*			Margin							
			Pink	Pale	Waxy pallor	Sharp	Blurred		Yes	No	Normal	Abnormal	Normal
Other Signs	OD						OS						



Para-clinical Tests		
Tests	Yes	No
Optical Coherence Tomography (OCT)		

Table 8. Inherited Retinal Dystrophy Diagnosis		
IRD Diagnoses	Yes	No
Diffuse Photoreceptor Dystrophies		

Patient Management