









1. Do you routinely record a dark-adapted 0.01 ERG? (that is, a dim flash, rod ERG?)

		Response Percent	Response Count
no		5.6%	8
yes, using the 0.01 cd s m⁻² flash		90.9%	130
yes, using a weaker flash		2.1%	3
yes, using a stronger flash		1.4%	2
Any comment?			20
answered question			143
skipped question			8

2. In your practice, how often is the dark-adapted 0.01 ERG clinically valuable?

		Response Percent	Response Count
rarely		8.4%	12
occasionally (certain cases)		23.8%	34
routinely		66.4%	95
not applicable / this test is not used in my lab		1.4%	2
Any comment?			10
answered question			143
skipped question			8





3. Do you routinely record a dark-adapted 3 ERG?

		Response Percent	Response Count
no		5.1%	7
yes, using the 3 cd s m⁻² flash		88.4%	122
yes, using a weaker flash		3.6%	5
yes, using a stronger flash		2.9%	4
Any comment?			9
answered question			138
skipped question			13



4. In your practice, how often is the dark-adapted 3 ERG clinically valuable?

		Response Percent	Response Count
rarely		1.5%	2
occasionally (certain cases)		11.7%	16
routinely		82.5%	113
not applicable / this test is not used in my lab		4.4%	6
Any comment?			5
answered question			137
skipped question			14

5. Do you routinely record, or look at, dark-adapted OPs?

		Response Percent	Response Count
no		17.9%	25
yes, using the 3 cd s m⁻² flash		71.4%	100
yes, using a weaker flash		4.3%	6
yes, using a stronger flash		6.4%	9
	Any comment?		11
		answered question	140
		skipped question	11

6. How do you analyse or review your OP data? (tick all that apply)

		Response Percent	Response Count
qualitatively (eyeballing)		58.5%	76
quantitatively (objective measurement of some parameter (s))		55.4%	72
	Any comment?		21
		answered question	130
		skipped question	21

7. In your practice, how often are dark-adapted OPs clinically valuable?

		Response Percent	Response Count
rarely		25.7%	36
occasionally (certain cases)		39.3%	55
routinely		30.7%	43
not applicable/ this test is not used in my lab		4.3%	6
Any comment?			9
answered question			140
skipped question			11

8. Do you routinely record an additional ERG to a stronger flash?

		Response Percent	Response Count
no		43.2%	60
yes, using a 10 cd s m ⁻² flash		40.3%	56
yes, using a 30 cd s m ⁻² flash		10.1%	14
yes, other flash strength (please state below)		6.5%	9
answered question			139
skipped question			12




9. In your practice, how often is the dark-adapted stronger flash ERG clinically valuable?

		Response Percent	Response Count
rarely		16.5%	23
occasionally (certain cases)		36.7%	51
routinely		20.9%	29
not applicable / this test is not used in my lab		25.9%	36
Any comment?			11
answered question			139
skipped question			12





10. Do you routinely record a light-adapted 3 ERG?

		Response Percent	Response Count
no		5.1%	7
yes, using the 3 cd s m⁻² flash		89.8%	123
yes, using a weaker flash		2.2%	3
yes, using a stronger flash		2.9%	4
answered question			137
skipped question			14

11. In your practice, how often is the light-adapted 3 ERG clinically valuable?

		Response Percent	Response Count
rarely		2.2%	3
occasionally (certain cases)		11.8%	16
routinely		83.1%	113
not applicable / this test is not used in my lab		2.9%	4
Any comment?			4
answered question			136
skipped question			15




12. Do you routinely record a light-adapted flicker ERG?

		Response Percent	Response Count
no		1.5%	2
yes, using the 3 cd s m⁻² flash		89.8%	123
yes, using a weaker flash		4.4%	6
yes, using a stronger flash		4.4%	6
Any comment?			6
answered question			137
skipped question			14

13. How important are these aspects of your flicker ERG data?

	not at all	sometimes	very	Response Count
time to peak(s)	7.7% (10)	26.9% (35)	65.4% (85)	130
amplitude of peak(s)	2.2% (3)	13.3% (18)	84.4% (114)	135
frequency-domain analysis	47.2% (50)	33.0% (35)	19.8% (21)	106
			Any comment?	9
			answered question	136
			skipped question	15





14. In your practice, how often is the light-adapted flicker ERG clinically valuable?

		Response Percent	Response Count
rarely		1.5%	2
occasionally (certain cases)		17.8%	24
routinely		80.0%	108
not applicable / this test is not used in my lab		0.7%	1
		Any comment?	5
		answered question	135
		skipped question	16



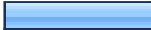
15. How often do you record...

	never	sometimes	often	Response Count
Macular or focal ERG	80.3% (98)	11.5% (14)	8.2% (10)	122
Multifocal ERG	11.9% (16)	23.1% (31)	64.9% (87)	134
Pattern ERG	31.8% (41)	33.3% (43)	34.9% (45)	129
Early receptor potential (ERP)	91.9% (114)	6.5% (8)	1.6% (2)	124
Scotopic threshold response (STR)	77.0% (97)	20.6% (26)	2.4% (3)	126
Direct-current ERG	95.2% (118)	3.2% (4)	1.6% (2)	124
Long-duration light-adapted ERG (on-off responses)	38.9% (51)	49.6% (65)	11.5% (15)	131
Double-flash ERG	83.3% (105)	14.3% (18)	2.4% (3)	126
S-cone ERG	51.2% (66)	41.1% (53)	7.8% (10)	129
Dark-adapted red flash ERG	53.6% (67)	28.8% (36)	17.6% (22)	125
Dark-adapted luminance-response series	44.8% (56)	32.0% (40)	23.2% (29)	125
Light-adapted luminance-response series	58.9% (73)	25.8% (32)	15.3% (19)	124
Saturated a-wave slope analysis	70.6% (89)	22.2% (28)	7.1% (9)	126
answered question				136
skipped question				15

16. How is your flash or background photometrically calibrated? (tick all that apply)

		Response Percent	Response Count
Automatic self-calibration		45.0%	59
The manufacturer performs calibration (by visits or sending in unit)		26.7%	35
We own a photometer, and perform calibrations ourselves		46.6%	61
Calibrations are not done		6.1%	8
	Any comment?		1
answered question			131
skipped question			20

17. Excluding automatic calibration, how often is your photometric calibration performed?

		Response Percent	Response Count
every 6 months		17.7%	22
every year		58.9%	73
other (please specify)		23.4%	29
answered question			124
skipped question			27

18. For your flash stimuli, are both scotopic and photopic calibrations performed?

		Response Percent	Response Count
Photopic and scotopic		63.0%	80
Photopic only		7.9%	10
Scotopic only		4.7%	6
I don't know		24.4%	31
	Any comment?		5
answered question			127
skipped question			24

19. Approximately how many patients do you test each year?

	Response Count
	124
answered question	124
skipped question	27

20. What ages of patients do you test?

		Response Percent	Response Count
Adults only		7.1%	9
Adults and children		89.0%	113
Children only		3.9%	5
	Any comment?		12
answered question			127
skipped question			24

Page 2, Q1. Do you routinely record a dark-adapted 0.01 ERG? (that is, a dim flash, rod ERG?)

1	we use DA 0.002	Dec 11, 2012 12:46 PM
2	0.017 ERG	Dec 10, 2012 12:07 PM
3	Using blue flash	Dec 9, 2012 7:49 AM
4	I routinely use 0.01 white and 0.1 blue -- results are essentially identical	Dec 6, 2012 10:05 AM
5	We see quite a few inherited RD patients	Dec 6, 2012 9:16 AM
6	range of flash strengths in .3 log steps	Dec 6, 2012 9:15 AM
7	Do not perform ERG's at this time	Dec 6, 2012 8:55 AM
8	Prefer a blue flash to the white specified in the standard	Nov 15, 2012 11:04 AM
9	Also use dimmer (1LU) flash	Nov 15, 2012 5:53 AM
10	I add an 'intensity-response' series	Nov 14, 2012 6:13 AM
11	we additionally go down to 0.001 cd s m ²	Nov 14, 2012 2:41 AM
12	Dark-adapted 0.01 ERG is one of the standard protocols of ERG in our department, which is essential for checking rods function and very helpful for RP diagnosis.	Nov 14, 2012 1:09 AM
13	I also use a blue flash	Nov 14, 2012 12:51 AM
14	I also record using weaker flashes	Nov 13, 2012 6:49 PM
15	I also use weaker flashes to yield a full Naka-Rushton curve	Nov 13, 2012 1:17 PM
16	especially in OR	Nov 13, 2012 12:27 PM
17	We normally collect more than just a standard protocol ERG. Some intensities lower.	Nov 13, 2012 11:12 AM
18	4ms white (6500K) LED flash	Nov 13, 2012 9:09 AM
19	as part of 19 incremental steps to produce an intensity response series	Nov 13, 2012 9:07 AM
20	also 3x and 10x less strong as well	Nov 12, 2012 10:10 AM

Page 2, Q2. In your practice, how often is the dark-adapted 0.01 ERG clinically valuable?

1	useful in hereditary eye disease	Dec 11, 2012 12:46 PM
2	using blue flash	Dec 9, 2012 7:49 AM
3	For diagnosis for the retinal diseases affecting night vision,	Dec 8, 2012 7:59 AM
4	Helpful in differential Dx	Dec 6, 2012 9:16 AM
5	excluding and including diagnosis	Dec 6, 2012 9:15 AM
6	When we don't see a b-wave for the 0.01 flash, usually the brighter flashes show no b-wave, too...	Nov 14, 2012 2:41 AM
7	Dark-adapted 0.01 ERG is usually used to evaluate rods function.	Nov 14, 2012 1:09 AM
8	All the time	Nov 13, 2012 1:17 PM
9	always useful in context, but not in "isolation"	Nov 13, 2012 10:49 AM
10	extremely useful for precocious screening	Nov 13, 2012 9:07 AM

Page 3, Q3. Do you routinely record a dark-adapted 3 ERG?

1	will update to LA 3 cd m ⁻² on next protocol revision	Dec 11, 2012 12:48 PM
2	Again, we see many inherited RD pts	Dec 6, 2012 9:18 AM
3	use 2.7, all normative data collected; in process getting new norms. We use 3.0 for Espion unit i OR and sedation clinic	Dec 6, 2012 9:14 AM
4	2,4 cds/sm	Nov 16, 2012 4:00 AM
5	We use the older somewhat dimmer flash than current standard	Nov 13, 2012 2:48 PM
6	and even stronger flashes	Nov 13, 2012 1:17 PM
7	4ms white (6500K) flash	Nov 13, 2012 9:10 AM
8	as part of 19 steps intensity series	Nov 13, 2012 9:08 AM
9	also using 10 cd·s·m ⁻²	Nov 12, 2012 10:11 AM

Page 3, Q4. In your practice, how often is the dark-adapted 3 ERG clinically valuable?

1	Again, helpful for differential Dx	Dec 6, 2012 9:18 AM
2	doubt there is any clinically significant difference between 2.7 and 3	Dec 6, 2012 9:14 AM
3	always	Nov 13, 2012 1:17 PM
4	The 2 cd s/m ² is routinely valuable.	Nov 13, 2012 9:52 AM
5	as part of 19 steps intensity series	Nov 13, 2012 9:08 AM

Page 4, Q5. Do you routinely record, or look at, dark-adapted OPs?

1	Interpretation remains difficult	Dec 6, 2012 9:19 AM
2	actually use 2.7	Dec 6, 2012 9:14 AM
3	I record them but dont use it	Nov 19, 2012 6:41 AM
4	we routinely record light-adapted OPs	Nov 18, 2012 11:58 AM
5	2,4 cds/sm	Nov 16, 2012 4:01 AM
6	Prefer digital filtering of the dark-adapted 3.0 to repeating the test with analog filtering as specified in the standard.	Nov 15, 2012 11:05 AM
7	Not used much clinically	Nov 15, 2012 5:54 AM
8	Not routinely but sometimes.	Nov 14, 2012 5:53 PM
9	OPs are always recorded (all intensities and all retinal adaptation levels)	Nov 13, 2012 1:19 PM
10	flash I = 2 cd s/m ²	Nov 13, 2012 9:54 AM
11	we also complement using the full intensity series and wavelet analysis	Nov 13, 2012 9:09 AM

Page 4, Q6. How do you analyse or review your OP data? (tick all that apply)

1	also evaluate light adapted OPs	Dec 11, 2012 12:49 PM
2	amplitudes and implicit times of OP1 and OP2	Dec 10, 2012 12:13 PM
3	calculating AUC	Dec 7, 2012 3:00 AM
4	I suggest ISCEV should improve the measurement of OPs. Measure the power (or energy) of the OPs via frequency spectrum analysis should be a good choice.	Dec 6, 2012 9:53 PM
5	for daily routine qualitatively, for research quantitatively	Dec 6, 2012 12:14 PM
6	RMS of OPs is a better presentation	Dec 6, 2012 9:36 AM
7	use LKC	Dec 6, 2012 9:14 AM
8	we pay attention to relative amplitudes of OP2/OP3/OP4	Nov 18, 2012 11:58 AM
9	ratio of OPs to b wave	Nov 17, 2012 8:08 PM
10	Only in vascular conditions	Nov 17, 2012 5:10 PM
11	i do not evaluate OPs	Nov 17, 2012 10:37 AM
12	OPS index	Nov 15, 2012 5:15 AM
13	area under the curve	Nov 14, 2012 6:59 AM
14	Measure sum of OP	Nov 14, 2012 12:52 AM
15	I look at light-adapted OPs	Nov 13, 2012 6:51 PM
16	Each OP measured separately and added together to yield the SUM OP variable.	Nov 13, 2012 1:19 PM
17	when we need to do them	Nov 13, 2012 11:15 AM
18	adding amplitudes	Nov 13, 2012 10:19 AM
19	Using software developed by Severns & Johnson	Nov 13, 2012 9:54 AM
20	In-house analysis software (filter & measurement)	Nov 13, 2012 9:13 AM
21	also adding wavelet analysis	Nov 13, 2012 9:09 AM

Page 4, Q7. In your practice, how often are dark-adapted OPs clinically valuable?

1	find light adapted OPs valuable - partic in CSNB	Dec 11, 2012 12:49 PM
2	If one uses stroboscopic light for the stimulus or brief flashes of light, one has to record the OPs in the dark adaptation. If the eye is light adapted and use the brief flashes to evoke ERG, the wavelets will be recorded but those wavelets are not the OPs.	Dec 8, 2012 8:03 AM
3	OPs are more sensitive than the a- and b-wave amplitudes in many cases including diabetic retinopathy, intraocular inflammation.	Dec 6, 2012 9:53 PM
4	especially for uveitis	Dec 6, 2012 10:05 AM
5	helps distinguishing between outer and inner retinal pathology	Dec 6, 2012 9:19 AM
6	betwen routine and occasional	Dec 6, 2012 9:16 AM
7	it allows some interpretation of the post-photoreceptor elements	Nov 17, 2012 8:08 PM
8	very very useful for ischemic diseases like CRVO and OIS	Nov 13, 2012 6:59 PM
9	Always. Photopic also!	Nov 13, 2012 1:19 PM

Page 5, Q8. Do you routinely record an additional ERG to a stronger flash?

1	dark adapted 240 ERG	Dec 11, 2012 12:50 PM
2	Both 10 and 30 Cds/ms flashes	Dec 11, 2012 6:30 AM
3	12 cd s m ² flash	Dec 10, 2012 12:15 PM
4	To measure b/a amplitude ratio which will tell us the degree of diffuse retinal ischemia.	Dec 8, 2012 8:07 AM
5	at some cases we do use it, but not routinely	Dec 6, 2012 12:15 PM
6	10, 30 and 200	Dec 6, 2012 9:16 AM
7	We record a stimulus-response function up to 2 log cd s m ⁻²	Nov 14, 2012 12:26 PM
8	50cd s /m ²	Nov 13, 2012 7:45 PM
9	12cd s m ²	Nov 13, 2012 1:00 PM

Page 5, Q9. In your practice, how often is the dark-adapted stronger flash ERG clinically valuable?

1	for assessing rod function	Dec 11, 2012 12:50 PM
2	I mentioned above. Besides, it helps evaluating the retinal functions in the eye with massive or thick intraocular hemorrhage.	Dec 8, 2012 8:07 AM
3	add stronger flashes than 3.0 in cases with opaque media	Dec 6, 2012 10:06 AM
4	not enough experience	Dec 6, 2012 9:20 AM
5	We look at the entire function to determine the saturated b-wave amplitude, which is very valuable	Nov 14, 2012 12:26 PM
6	Use in analysis of a-wave slope	Nov 14, 2012 6:16 AM
7	but not too much gain compared to the 3 condition. Might be the same gain as repeating the 3 cd s m ² flash	Nov 14, 2012 2:43 AM
8	I record several bright flashes including 10, 30 and 100	Nov 14, 2012 12:53 AM
9	valuable if Op2 falls in trough of the a-wave for DA3.0, in my opinion DA3.0 could be replaced by DA10.0 (DA3.0 is still my "standard" but this is pure laziness since I have normal values for DA3.0)	Nov 13, 2012 10:21 AM
10	If I wish to examine rod photoreceptor sensitivity, I either consider implicit time or record a series of bright flash ERGs and use the Hood-Birch analysis to fit the leading edges of the a-waves.	Nov 13, 2012 9:57 AM
11	Not been using it long enough to be sure yet!	Nov 13, 2012 9:13 AM

Page 6, Q11. In your practice, how often is the light-adapted 3 ERG clinically valuable?

1	in children with early onset nystagmus	Dec 11, 2012 12:51 PM
2	Cone functions can be evaluated by recording the bp wave with deep red light under dark adaptation and also by photopic flicker responses. The brief flash ERG under light adaption rarely helps diagnosis.	Dec 8, 2012 8:10 AM
3	A light adapted red flash ERG should be defined as an optional supplement to the standard	Dec 6, 2012 12:01 PM
4	Always	Nov 13, 2012 1:21 PM

Page 7, Q12. Do you routinely record a light-adapted flicker ERG?

1	A light adapted red flicker ERG should be defined as an optional supplement to the standard	Dec 6, 2012 12:34 PM
2	2.7 for LKC ; 3 for Espion	Dec 6, 2012 9:16 AM
3	But I think I would soon use a weaker flash because patient tend to roll up the eye so changing the light coming to the eye	Nov 19, 2012 6:50 AM
4	A must for cone function	Nov 17, 2012 8:09 PM
5	Essential	Nov 15, 2012 5:56 AM
6	Can be problematic for photophobes.	Nov 13, 2012 9:17 AM

Page 7, Q13. How important are these aspects of your flicker ERG data?

1	Frequency domain analysis not used	Dec 6, 2012 10:42 PM
2	higher harmonics can be informative	Dec 6, 2012 9:22 AM
3	I used more specifically for the vigabatrin	Nov 19, 2012 6:50 AM
4	my equipment is not able to measure the time to peak	Nov 14, 2012 1:25 PM
5	Don't use frequency domain analysis	Nov 13, 2012 2:50 PM
6	I do not have access to frequency-domain analysis of flicker	Nov 13, 2012 10:22 AM
7	Re: freq-domain analyses: In order to calculate IT, Matt Severns and I developed an algorithm to determine the phase of the fundamental, which became our measure of implicit time. This was done in order to capture time shifts of the entire waveform, unbiased by loss of high frequency components. However, I do not use Fourier transforms of the waveforms.	Nov 13, 2012 10:02 AM
8	Ticked all because only just implementing FFT using in-house software.	Nov 13, 2012 9:17 AM
9	we also complement with Morlet wavelet analysis	Nov 13, 2012 9:11 AM

Page 7, Q14. In your practice, how often is the light-adapted flicker ERG clinically valuable?

1	If the stimulus intensity is strong, flickering stimulus itself makes the eye light adapted, doesn't it?	Dec 8, 2012 8:13 AM
2	often affected before (combined) single flash ERG	Dec 6, 2012 9:22 AM
3	especially critical and useful in ischaemic and toxic diseases of retina. Invaluable	Nov 13, 2012 7:02 PM
4	Always	Nov 13, 2012 1:21 PM
5	Greater amplitude variability limits utility over single flash, but have got better at it and will have new norms soon, so hope for tighter limits!	Nov 13, 2012 9:17 AM

Page 9, Q16. How is your flash or background photometrically calibrated? (tick all that apply)

1	some equipment are self-calibrated some aren't	Nov 14, 2012 1:29 PM
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Page 9, Q17. Excluding automatic calibration, how often is your photometric calibration performed?

1	every 1,5 year	Dec 10, 2012 12:28 PM
2	Irregular manufacture visits	Dec 9, 2012 7:56 AM
3	never	Dec 7, 2012 7:57 AM
4	When I think it is necessary	Dec 6, 2012 10:05 AM
5	when the manufacturer's technician visits (~ every 1-2 years)	Dec 6, 2012 9:25 AM
6	1 or 2 years	Nov 22, 2012 11:47 PM
7	One is in the shop now! A new LKC on the way too!	Nov 17, 2012 8:11 PM
8	we do not have equipment for proper calibration	Nov 17, 2012 10:40 AM
9	at the setup only	Nov 15, 2012 11:28 PM
10	monthly	Nov 15, 2012 11:08 AM
11	3 months or as required id sooner	Nov 15, 2012 5:58 AM
12	Irregular intervals	Nov 15, 2012 2:14 AM
13	rarely	Nov 14, 2012 5:54 PM
14	only in the revision of the equipment (every two years approximately)	Nov 14, 2012 1:29 PM
15	never	Nov 14, 2012 1:06 PM
16	every 3 months	Nov 14, 2012 12:28 PM
17	two years	Nov 14, 2012 8:01 AM
18	Everytime the machine starts (Automatic Calibration)	Nov 13, 2012 6:20 PM
19	as needed	Nov 13, 2012 2:48 PM
20	Monthly	Nov 13, 2012 1:23 PM
21	Every 2 years	Nov 13, 2012 1:06 PM
22	weekly	Nov 13, 2012 11:27 AM
23	1.5 years	Nov 13, 2012 11:21 AM
24	each month	Nov 13, 2012 11:18 AM
25	every 2 years	Nov 13, 2012 11:07 AM
26	3 months	Nov 13, 2012 10:25 AM
27	not done	Nov 13, 2012 10:24 AM
28	Occasionally but re-calibration is not well monitored	Nov 13, 2012 9:28 AM
29	every two years	Nov 13, 2012 9:16 AM

Page 9, Q18. For your flash stimuli, are both scotopic and photopic calibrations performed?

1	Automatic calibration	Dec 6, 2012 12:36 PM
2	We have scotopic and radiometric detectors, but rarely use it	Dec 6, 2012 9:18 AM
3	Background is done seperately	Nov 15, 2012 5:58 AM
4	by automatic self-calibration	Nov 14, 2012 1:06 PM
5	conversion provided by the manufacturer	Nov 13, 2012 9:28 AM

Page 10, Q19. Approximately how many patients do you test each year?

1	250-300	Dec 11, 2012 11:40 PM
2	800	Dec 11, 2012 1:01 PM
3	300	Dec 11, 2012 11:36 AM
4	400	Dec 11, 2012 9:56 AM
5	140	Dec 11, 2012 6:32 AM
6	300	Dec 11, 2012 3:40 AM
7	237 in 2011	Dec 10, 2012 12:53 PM
8	360	Dec 10, 2012 12:29 PM
9	1500	Dec 10, 2012 6:42 AM
10	237 LAST YEAR - 2011	Dec 10, 2012 5:46 AM
11	50-100	Dec 9, 2012 3:13 PM
12	800	Dec 9, 2012 7:56 AM
13	100 in the past, I do not record now	Dec 8, 2012 8:16 AM
14	50	Dec 8, 2012 2:39 AM
15	100-150	Dec 7, 2012 4:16 PM
16	15	Dec 7, 2012 3:03 PM
17	40	Dec 7, 2012 10:54 AM
18	150	Dec 7, 2012 7:57 AM
19	50	Dec 7, 2012 7:30 AM
20	400	Dec 7, 2012 7:10 AM
21	1000	Dec 7, 2012 3:03 AM
22	800	Dec 6, 2012 10:43 PM
23	2100	Dec 6, 2012 9:57 PM
24	400-500 for one device	Dec 6, 2012 8:59 PM
25	100	Dec 6, 2012 6:50 PM
26	500	Dec 6, 2012 4:43 PM
27	5000	Dec 6, 2012 3:19 PM
28	100	Dec 6, 2012 3:15 PM
29	200	Dec 6, 2012 3:10 PM
30	about 70 - 90	Dec 6, 2012 12:39 PM

Page 10, Q19. Approximately how many patients do you test each year?

31	800	Dec 6, 2012 12:25 PM
32	400	Dec 6, 2012 12:08 PM
33	700	Dec 6, 2012 10:09 AM
34	270	Dec 6, 2012 10:05 AM
35	300	Dec 6, 2012 10:02 AM
36	35	Dec 6, 2012 9:48 AM
37	~100	Dec 6, 2012 9:26 AM
38	[1,600 in total] of these extended ISCEV ERG 100/ annum	Dec 6, 2012 9:25 AM
39	500-700	Dec 6, 2012 9:22 AM
40	250	Dec 6, 2012 9:19 AM
41	5-10 per week	Nov 25, 2012 6:46 AM
42	100-150	Nov 23, 2012 7:47 AM
43	600	Nov 22, 2012 11:48 PM
44	120	Nov 21, 2012 4:54 AM
45	400	Nov 19, 2012 7:10 AM
46	600	Nov 18, 2012 5:55 PM
47	1500	Nov 18, 2012 12:02 PM
48	All types more than 500	Nov 17, 2012 8:12 PM
49	100	Nov 17, 2012 5:13 PM
50	100	Nov 17, 2012 4:04 PM
51	100	Nov 17, 2012 10:41 AM
52	500	Nov 16, 2012 4:03 AM
53	200	Nov 15, 2012 11:29 PM
54	50-70	Nov 15, 2012 8:21 PM
55	500	Nov 15, 2012 4:16 PM
56	400	Nov 15, 2012 1:47 PM
57	400	Nov 15, 2012 1:00 PM
58	100 - 200	Nov 15, 2012 11:09 AM
59	a bit more than 5,000	Nov 15, 2012 6:44 AM
60	3000	Nov 15, 2012 5:58 AM

Page 10, Q19. Approximately how many patients do you test each year?

61	1000	Nov 15, 2012 5:19 AM
62	250	Nov 15, 2012 2:58 AM
63	250	Nov 15, 2012 2:15 AM
64	500	Nov 15, 2012 12:05 AM
65	60	Nov 14, 2012 5:54 PM
66	150	Nov 14, 2012 3:29 PM
67	800	Nov 14, 2012 1:32 PM
68	less than 100pts	Nov 14, 2012 1:08 PM
69	approx. 200	Nov 14, 2012 12:30 PM
70	200	Nov 14, 2012 12:21 PM
71	1200	Nov 14, 2012 9:26 AM
72	2500	Nov 14, 2012 9:17 AM
73	1200	Nov 14, 2012 4:52 AM
74	700-800	Nov 14, 2012 3:35 AM
75	100 (Standard ERG)	Nov 14, 2012 2:46 AM
76	600	Nov 14, 2012 2:41 AM
77	About 800-1000 patients	Nov 14, 2012 2:22 AM
78	150	Nov 14, 2012 12:55 AM
79	250 patient	Nov 14, 2012 12:28 AM
80	3000	Nov 13, 2012 11:31 PM
81	500	Nov 13, 2012 11:22 PM
82	120	Nov 13, 2012 7:53 PM
83	1100 per year approximately	Nov 13, 2012 7:04 PM
84	100 patients	Nov 13, 2012 7:00 PM
85	700	Nov 13, 2012 6:54 PM
86	50	Nov 13, 2012 6:20 PM
87	500	Nov 13, 2012 5:31 PM
88	ten times	Nov 13, 2012 3:07 PM
89	150	Nov 13, 2012 2:52 PM
90	50	Nov 13, 2012 2:49 PM

Page 10, Q19. Approximately how many patients do you test each year?

91	250-300	Nov 13, 2012 1:23 PM
92	750	Nov 13, 2012 1:07 PM
93	500	Nov 13, 2012 1:03 PM
94	100	Nov 13, 2012 12:32 PM
95	200	Nov 13, 2012 12:24 PM
96	500	Nov 13, 2012 12:15 PM
97	150-200	Nov 13, 2012 12:09 PM
98	200	Nov 13, 2012 11:49 AM
99	< 200	Nov 13, 2012 11:34 AM
100	500	Nov 13, 2012 11:27 AM
101	600	Nov 13, 2012 11:26 AM
102	1500	Nov 13, 2012 11:20 AM
103	1,500	Nov 13, 2012 11:19 AM
104	600	Nov 13, 2012 11:07 AM
105	50-100	Nov 13, 2012 10:52 AM
106	50	Nov 13, 2012 10:42 AM
107	500	Nov 13, 2012 10:25 AM
108	100	Nov 13, 2012 10:24 AM
109	250	Nov 13, 2012 10:05 AM
110	150	Nov 13, 2012 10:03 AM
111	500	Nov 13, 2012 9:58 AM
112	350	Nov 13, 2012 9:58 AM
113	30	Nov 13, 2012 9:52 AM
114	250	Nov 13, 2012 9:49 AM
115	500	Nov 13, 2012 9:48 AM
116	20	Nov 13, 2012 9:29 AM
117	560	Nov 13, 2012 9:23 AM
118	250	Nov 13, 2012 9:22 AM
119	400	Nov 13, 2012 9:18 AM
120	320	Nov 13, 2012 9:16 AM

Page 10, Q19. Approximately how many patients do you test each year?

121	150	Nov 13, 2012 9:15 AM
122	500	Nov 13, 2012 9:15 AM
123	250	Nov 13, 2012 9:07 AM
124	700	Nov 12, 2012 10:14 AM

Page 10, Q20. What ages of patients do you test?

1	mainly children	Dec 11, 2012 1:01 PM
2	infants and uncooperative older children tested under sedation or anesthesia	Dec 6, 2012 9:19 AM
3	70 % adults - 30% children	Nov 18, 2012 12:02 PM
4	It took more than 3-4 minutes! :)	Nov 17, 2012 8:12 PM
5	We test patients from infancy onward; the majority of our patients are infants and children	Nov 14, 2012 12:30 PM
6	for children only above 10 years old	Nov 14, 2012 4:52 AM
7	both	Nov 14, 2012 12:28 AM
8	only few children. would like to improve paediatric testing and protocols	Nov 13, 2012 7:04 PM
9	Children 6+ years	Nov 13, 2012 11:49 AM
10	only a few pediatric ERGs in the O.R.	Nov 13, 2012 11:19 AM
11	no anesthesia	Nov 13, 2012 9:22 AM
12	detailed tests are only provided to 50% of patients, which are studied in a research context	Nov 13, 2012 9:18 AM