1. WORK FLOW

Referral site
- Obtains patient consent, history and consult question
- Image acquisition
- Transmits consult electronically to dermatologist
- Medical record keeping

Consulting dermatologist
- Receives consult and returns a report to referral site within specified time
- Maintains medical record of consult

2. CAMERA

- Digital (avoid PDAs; use only high quality image capable cell phone if this is the only camera option available)
- Minimum 800 X 600 pixels; preferred resolution of 1024 X 768 pixels or greater (about 0.8 Megapixels)
- Macro mode capability is ideal (“flower” image)

3. TAKING THE IMAGE

- **Background** - Use a solid, neutral color perpendicular to camera angle.
- **Lighting** - Diffuse, indirect light is best. Avoid shadows. Indoors – fluorescent day-light or full spectrum bulbs are best (avoid incandescent). Outdoors – use well-lit, but evenly shaded area if sunny.
- **Flash** - Helps to eliminate shadows. Test to see if needed. May cause white-out if too close.
- **Compression** - Use JPEG medium or low setting (no more than 20:1).
- **Focus** - Adjust camera and patient to have camera angle perpendicular to the skin lesions being imaged. Use autofocus with area of interest in center of frame. If not possible, focus first on the area of interest, depress shutter button halfway to focus, then move the camera to center the image before fully depressing shutter button.
- **Views** - Take to show location and arrangement of lesions. Take several views
  - Far - entire body or obvious region
  - Medium - area involved central but include an anatomical landmark such as the navel or hand
  - Close-Up - if you have a macro capacity—the “flower” image, this can be taken under 18 inches from the skin – otherwise you may use the optical zoom, if present, to focus for a close-up. Use straight on and oblique views for close-ups.
- **Extra Tips** - Use a chaperone if needed; avoid distracting jewelry and clothing; in hairy areas tape or press back to show underlying skin changes. For face shots, eyes should be open. Use measurement tools as appropriate.

4. BEFORE & AFTER SENDING THE CONSULT

- Review images for focus and adequate views before the patient leaves.
- Send only helpful and clear images to the consultant.
- Do not alter images in any way after taken.
- Label images, transmitted text and consultant response to become part of a secure, retrievable medical record.
TELEDERMATOLOGY IMAGING SETS

Show entire anatomic unit (e.g. trunk) if a lesion or rash is within this unit.
COMPLEMENTARY VIEWS

If condition involves certain locations, then check to see if any complementary views need to be looked at or photographed.

<table>
<thead>
<tr>
<th>If Involved:</th>
<th>Include</th>
<th>Look / Ask / ? Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands</td>
<td>Feet</td>
<td>Elbows/Knees</td>
</tr>
<tr>
<td>Feet</td>
<td>Hands</td>
<td>Groin</td>
</tr>
<tr>
<td>Elbows</td>
<td>Knees</td>
<td>Scalp</td>
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<tr>
<td>Knees</td>
<td>Elbows</td>
<td>Scalp</td>
</tr>
<tr>
<td>Scalp</td>
<td>Face</td>
<td>Knees, Elbows</td>
</tr>
<tr>
<td>Popliteal fossa</td>
<td>Antecubital fossa</td>
<td>Neck, Face, hands</td>
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<td>Popliteal fossa</td>
<td>Neck, Face, hands</td>
</tr>
<tr>
<td>Nail (any)</td>
<td>All nails</td>
<td>Oral Mucosa</td>
</tr>
<tr>
<td>Groin</td>
<td>Buttocks</td>
<td>Hands &amp; Feet</td>
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<tr>
<td>Face (Eyebrows)</td>
<td></td>
<td>Scalp</td>
</tr>
<tr>
<td>Oral Mucosa</td>
<td></td>
<td>Genitals</td>
</tr>
</tbody>
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REFERENCES
