

Lung Screening Study

SC CUMULATIVE RECRUITMENT SUMMARY FORM

Screening Center: |_|_|_|_|

Report Date: |_|_|_|/|_|_|_|/|_2_|_0_|_0_|_0_|

Staff ID: |_|_|_|_|_|

Reporting Period From _ _0_ _9_ / _ _0_ _1_ / _2_ _0_ _0_ _0_ To _ _ _ / _ _ _ / _2_ _0_ _0_ _0_ :	
Total Recruitment Packets Mailed	_ _ _ _ _
Total Eligible	_ _ _ _
Total Ineligible	_ _ _ _
Reasons for Ineligibility:	
1. History of spiral CT scan	_ _ _ _
2. Other Reasons	_ _ _ _
3. Unable/unwilling to sign consent	_ _ _ _
Total Unable to Determine Eligibility	_ _ _ _
Total Randomized	_ _ _ _
_____ = Spiral CT Group	_ _ _ _
_____ = Chest X-ray Group	_ _ _ _