


Lung Screening Study

Spiral CT Screening Examination Form (SCT)

<p>A. Screening Center: __ __ </p> <p>B. Date of Examination: __ __ / __ __ / 2 0 __ __ <small>Month Day Year</small></p> <p>C. Visit Number: __ Reason for repeat visit _____</p> <p>D. Forms Processing: (CHECK BOXES AS STEPS ARE COMPLETED)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Manual Review Completed</td> <td style="width: 33%;">Data Retrieval: <input type="checkbox"/> Attempted <input type="checkbox"/> None required</td> <td style="width: 33%;">Final Disposition: <input type="checkbox"/> Final Complete (FCM) <input type="checkbox"/> Final Incomplete (FIC)</td> </tr> </table>	<input type="checkbox"/> Manual Review Completed	Data Retrieval: <input type="checkbox"/> Attempted <input type="checkbox"/> None required	Final Disposition: <input type="checkbox"/> Final Complete (FCM) <input type="checkbox"/> Final Incomplete (FIC)	 SCT <div style="border: 1px solid black; width: 80%; margin: 20px auto; padding: 10px;"> Participant ID Label </div>
<input type="checkbox"/> Manual Review Completed	Data Retrieval: <input type="checkbox"/> Attempted <input type="checkbox"/> None required	Final Disposition: <input type="checkbox"/> Final Complete (FCM) <input type="checkbox"/> Final Incomplete (FIC)		

E. SCT EXAMINATION FINDINGS (COMPLETED BY TECHNOLOGIST)

<p>1. Number of Attempts:</p> <p><input type="checkbox"/> None (GO TO 3) <input type="checkbox"/> One <input type="checkbox"/> Two</p>	<p>2. Adequate Scan Obtained:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (GO TO 4)</p>	<p>3. Reason for Inadequate Scans: (MARK ALL THAT APPLY)</p> <p><input type="checkbox"/> Participant refusal <input type="checkbox"/> Equipment malfunction <input type="checkbox"/> Poor image quality <input type="checkbox"/> Other (SPECIFY) _____</p>	<p>4. Comments:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes (SPECIFY)</p> <p>_____ _____ _____</p> <p style="text-align: right;"><input type="checkbox"/> Continued</p>	<p>5. mA setting (1 second scan): mA __ __ </p> <p>6. Tech ID: __ __ </p> <p>_____ Signature</p>
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F. SCT EXAMINATION FINDINGS (COMPLETED BY RADIOLOGIST)

1. Radiologic Abnormality Noted:

No (GO TO PART G)
 Yes (COMPLETE ITEM F-2, RECORD INFORMATION FOR EACH ABNORMALITY.)

2. RECORD INFORMATION FOR EACH ABNORMALITY:

Abn. #	Description of Abnormality	Size		Location								
		Maximum Dimension (mm)	Maximum Perpendicular Dimension (mm)	Slice #	Lobe (CIRCLE ALL THAT APPLY)							
	01=Spiculated non-calcified nodules/masses ≤ 3mm 02=Smooth non-calcified nodules/masses ≤ 3mm 03=Non-calcified nodules/masses > 3mm 04=Focal parenchymal opacification (consolidation or ground glass attenuation) 05=Endobronchial lesions 08=Granuloma(s) 17=Scarring/pulmonary fibrosis/honeycombing 18=Pleural fibrosis/pleural plaque 19=Pleural fluid 20=Bone/soft tissue lesion 21=Cardiac abnormality/ cardiomegaly/ congestive heart failure 22=COPD/emphysema/bullae 88= Other (SPECIFY)				01= right upper lobe 02= right middle lobe 03= right lower lobe 04= left upper lobe (excluding lingula) 05= lingula 06= left lower lobe 07= Diffuse 08= Not determined/Not applicable							
1					01	02	03	04	05	06	07	08
2					01	02	03	04	05	06	07	08
3					01	02	03	04	05	06	07	08
4					01	02	03	04	05	06	07	08
5					01	02	03	04	05	06	07	08
6					01	02	03	04	05	06	07	08

G. SCT INTERPRETATION RESULTS (COMPLETED BY RADIOLOGIST)

<p>1. Examination Result:</p> <input type="checkbox"/> Negative Screen –No Abnormalities (GO TO 3) <input type="checkbox"/> Inadequate (GO TO 2) <input type="checkbox"/> Positive Screen – Abnormalities Suggestive of Malignancy (GO TO 3) <input type="checkbox"/> Negative Screen –Significant Abnormalities (GO TO 3) <input type="checkbox"/> Negative Screen –Smooth, non-calcified nodules/masses ≤ 3 mm (GO TO 3) <input type="checkbox"/> Negative Screen –Other Minor Abnormalities (GO TO 3)	<p>2. Reason for Inadequate Exam: (MARK ALL THAT APPLY)</p> <input type="checkbox"/> Poor image quality <input type="checkbox"/> Images lost <input type="checkbox"/> Other (SPECIFY) <hr/>
<p>3. Comments:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes (SPECIFY) (Note: If a dictated report is not provided, this section must be completed to describe significant and minor abnormalities occurring with a negative screen.) <hr/> <hr/> <hr/> <div style="text-align: right;"><input type="checkbox"/> Continued</div>	<p>4. Radiologist ID:</p> <p> </p> <hr/> <p>Signature</p>