

Lung Screening Study

Specifications for Completion of the Weekly Log of Mailed Result Letters

This form is required to maintain the record of results letters sent to participants and their physicians. On a weekly basis, the SC will submit this completed form to the CC.

Report Date: Record the month, day and last two digits of the year the form is completed. Zero-fill month and day, if applicable.

Screening Center: Record the two-digit screening center ID.

Staff ID: Record the four digit staff ID of the person completing the form.

Last Day of Reporting Period: Record the month, day and last two digits of the year that corresponds to the Thursday of the study week for which the results letters sent are summarized. Zero-fill month and day, if applicable.

Page __ of __ : Record the current page number of the weekly log in the first blank and record the total number of pages of the weekly log submitted to the CC at this time.

PID: Record the six-digit Participant Identification Number (PID) or affix a PID label corresponding to the participant for whom a results letter was sent.

Date of Exam: Record the date of the screening examination using two digits for month, two digits for day and four digits for year. Zero-fill month and day, if applicable.

Visit #: Record the visit number (**1 or 2**) of the screening examination.

SCT/X-ray: Record the type of screening examination administered to the participant. Record either **SCT** for spiral CT scan or **XRY** for chest X-ray.

Result: Record the result of the screening examination. Use one of the following result responses: **positive screen with abnormalities suggestive of malignancies, negative screen with significant abnormal findings requiring further evaluation, negative screen with minor abnormalities, negative screen with identification of smooth, non-calcified nodules/masses \leq 3 mm, negative screen with no abnormalities, or inadequate screens.**

Date of Letter to Participant: Record the date the results letter was sent to participant using two digits for month, two digits for day and four digits for year. Zero-fill month and day, if applicable.

Date of Letter to Physician: Record the date the results letter was sent to the participant's primary care physician using two digits for month, two digits for day and four digits for year. Zero-fill month and day, if applicable.

After Completing the Form:

- Send the original form to the CC in the weekly shipment.
- File a copy of the log in the SC files.