

**Lung Screening Study**

**FOLLOW-UP LOG**

Date Shipped:  
 |\_|\_| - |\_|\_| - |2|0|\_|\_|

Screening Center ID: |\_|\_|

Last Day of Reporting Period:  
 |\_|\_| - |\_|\_| - |2|0|\_|\_|

Screening Center Staff ID: |\_|\_|\_|\_|

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PID	Date Contacted	1 <sup>st</sup> or 2 <sup>nd</sup> Phone Call	Saw MD	Has Not Seen MD, Appt Scheduled	Plans to Schedule Appt	No Plans for Follow-Up
		1st				
		2nd				
		1st				
		2nd				
		1st				
		2nd				

<b>PID</b>	<b>Date Contacted</b>	<b>1<sup>st</sup> or 2<sup>nd</sup> Phone Call</b>	<b>Saw MD</b>	<b>Has Not Seen MD, Appt. Scheduled</b>	<b>Plans to Schedule Appt</b>	<b>No Plans for Follow-Up</b>
		1st				
		2nd				
		1st				
		2nd				
		1st				
		2nd				
		1st				
		2nd				
		1st				
		2nd				