

Appendix 9-5
Lung Screening Study

ADMINISTRATIVE TRACKING FORM (ATF)

Date Form Completed: . |__|__| - |__|__| - | 2 | 0 |__|__|
MO DY YEAR



ATF

Screening Center: |__|__|

Participant ID Label

Screening Center Staff ID: |__|__|__|__|

INSTRUCTIONS: Complete this form to document situations in which a participant was found to have been ineligible after the time of randomization.

1. Date ineligibility discovered: |__|__| - |__|__| - | 2 | 0 |__|__|
MO DY YEAR

2. Reason for ineligibility: (Mark all that apply)

- 01 = Unwilling/Unable to provide consent
- 02 = Spiral CT screen in past 24 months
- 03 = Other Specify
 - 31= Age < 55 yrs or > 74 years
 - 32= Non smoker or quit smoking more than 10 yrs ago
 - 33= Less than 30 pack/years smoking exposure
 - 34= Participant in PLCO or other cancer screening trial
 - 35= Participant in primary prevention study other than a study of smoking cessation
 - 36= Diagnosed with lung cancer (Complete 2A)
 - 37= In treatment for cancer other than non-melanoma skin cancer
 - 38= Had a lung or any portion of a lung removed

IF 36 IS CODED, COMPLETE 2A, OTHERWISE PROCEED TO 3.

2A. Lung Cancer Confirmed by Physician or Medical Record	Date of Lung Cancer Diagnosis MONTH - DAY - YEAR
<input type="checkbox"/> NO <input type="checkbox"/> YES	__ __ - __ __ - __ __ __ <input type="checkbox"/> Est. day

3. Method of Discovery:
