

Lung Screening Study

Specifications for Completion of the SC Edit Form

This form is to be completed by an SC staff member to document changes to data after the data collection form has been sent to the CC.

Specifications for completing each item of the form are given below:

Administrative Section:

Date Form Completed: Record the date the SCE form was completed. Month and day should be zero-filled, and the last two digits of the year should be recorded.

Screening Center: Enter the two-digit SC ID.

Screening Center Staff ID: Enter your four-digit staff ID number.

Page ___ of ___: If this form has multiple pages, indicate the page number of this page and the total number of pages (e.g., Page 1 of 4).

Data Update Section:

For each form that has a data correction, complete the PID or affix a PID label, the form type, the item number with the change, and the correct data. For example, if there is a change to description of the second abnormality on the Spiral CT Screening Examination Form, it might be recorded as follows:

PID	Form Type	Item Number	Description of Change [SPECIFY CORRECT DATA]
99999-9	SCT	B.2.2.1	Code = 03

Note that Item B.2 on the SCT form is a grid. When dealing with grids, the row number should be given before the column number. In this example, the data to be changed is in Item B.2, row 2 (Abnormality #2), column 1 (Description of Abnormality).

After completing the form:

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