

**Lung Screening Study**

**COORDINATING CENTER EDIT FORM**

THE SC WILL RECEIVE THIS FORM WITH SHADED ITEMS FILLED IN BY THE CC. THE SC MUST FILL IN RESOLUTION COLUMN AND THE DATE. RETURN THE ORIGINAL TO CC AND KEEP A COPY FOR SC FILES.

Report Date: |\_|\_|/|\_|\_|/|\_|\_|\_|\_|\_| Page \_\_\_\_ of \_\_\_\_ To: Screening Center: |\_|\_|\_|\_|

Participant ID	Form	Item No.	Description of Error	RESOLUTION

Date returned to CC: |\_|\_|-|\_|\_|-|2|0|\_|\_|\_|\_|  
MO DAY YEAR

Questions? Please contact \_\_\_\_\_ at \_\_\_\_\_.