PVDOMICS STUDY
Center Chest CT Scan and Report
Transmittal Form #252

Instructions: This chest CT scan form is completed once for each PVDOMICS participant by center personnel. Enter this form as soon as possible after the CT scan is performed. An email notification will be sent by the database to the Lung Imaging Core (**LIC**) to expect transmitted data for this participant. *Note: Date of chest CT scan must be on or after date of enrollment. Use Form 253 to capture data from a historical CT scan.*

1. Identification Number   2. Alphacode   3. Date of chest CT (mm/dd/yyyy)

4. Was the chest CT done?.. ____
   1=Yes, scan completed
   2=No, logistics problem related to the participant
   3=No, participant was too claustrophobic
   4=No, participant was too large to fit into machine
      (**If CT scan *was not done, skip to Q200.*)**
   5=No, medical contraindication/safety issue detected
   6=No, logistic problem related to the PVDOMICs
      clinical site (e.g., staffing, scheduling)
   7=No, logistic problem related to local CT facility
   8=No, participant refused

5. Type of scan.. ____
   1=Chest CT without contrast (Non-contrast Chest CT)
   2=Chest CT with contrast (Routine post contrast CT)
   3=Chest CT with angiogram (Chest CTA PE protocol) *Note: If scan is obtained, do not proceed with V/Q scan.*

6. Was this CT scan completed for research only? .... ____
   0=No, scan used for clinical purposes
   1=Yes, research only

(Q7 Equipment number removed)

8. Is final report from local radiologist available, de-identified and attached? (0=No, 1=Yes)..................... ____

9. Is the CT Tech name known (0=No, 1=Yes) .... ___
   a. If yes, Username of CT Tech who performed test .... ___ ___ ___ ___ ___ ___ ___
      (Note: Username of CT Tech is the first 6 letters of last name and first initial of first name)
   b. Name of CT Tech who performed scan *(will not be entered into the database)* _____

10. a. Date de-identified images transmitted to LIC (mm/dd/yyyy)........ ___ ___ /___ ___ /___ ___ ___ ___

   b. Date de-identified report transmitted to LIC (mm/dd/yyyy) .... ___ ___ /___ ___ /___ ___ ___ ___

11. Type of image format file transmitted to LIC .... ___
    1=DICOM, 2=Other format

For DCC Use Only:
198. CT scan unreadable per LIC?..___

199. Date DCC notified ....___ __/__ __ __/__ __ __ __

200. Date this form completed (mm/dd/yyyy)... ___ ___ /___ ___ /___ ___ ___ ___

201. Username of person completing/reviewing completeness of this form .... ___ ___ ___ ___ ___ ___ ___

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ___ ___/___ ___/___ ___ ___ ___

Username of person entering this form ___ ___ ___ ___ ___ ___ ___