



## PVDOMICS STUDY

### Center Historical Chest CT Scan Data Transmittal Form #253

**Instructions:** This form is completed only if a historical chest CT scan is submitted. The scan results should have been completed within 1 year of enrollment into the PVDOMICS study. An email notification will be sent by the database to the Lung Imaging Core (**LIC**) to expect transmitted data for this participant.

Do not complete this form if a current chest CT scan will be completed for the PVDOMICS study.

--	--	--	--	--	--

1. Identification Number

--	--

2. Alphacode

--	--	--	--	--	--	--	--

3. Date of historical CT (mm/dd/yyyy)

4. 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)

5. Is a final report from local radiologist de-identified and attached? (0=No, 1=Yes)..... \_\_\_\_\_

6. 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)

7. Date de-identified images transmitted to LIC (mm/dd/yyyy)..... \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Date de-identified report transmitted to LIC (mm/dd/yyyy)..... \_\_\_\_/\_\_\_\_/\_\_\_\_

9. Type of image format file transmitted to LIC (1=DICOM, 2=Other format)..... \_\_\_\_\_

**For DCC Use Only:**

198. CT scan unreadable per LIC? (0=No, 1=Yes) ..... \_\_\_\_\_

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 ..... \_\_\_\_\_