

ACRIN 4704
Detection of Early Lung Cancer Among Military Personnel Study 2 (DECAMP-2): Screening of Patients with Early Stage Lung Cancer or at High Risk for Developing Lung Cancer

Place Label Here

Institution _____ Institution No. _____
 Case No. _____

CT Imaging Transmittal Worksheet

****This worksheet is to be entered electronically in the Medidata database- no hard copy forms will be accepted****

Date of Imaging: _____ - _____ - _____ *MMM-dd-yyyy*

Date of Imaging Submission: _____ - _____ - _____ *MMM-dd-yyyy*

- Mode of image submission:**
- TRIAD
 - sFTP
 - Disk
 - Hard Drive

CT Data Sets Submitted: *check all that apply*

Axial Plane Step & Shoot BRAIN Pre-Contrast	<input type="checkbox"/>	CORONAL Bone/Sharp	<input type="checkbox"/>
Axial Plane Step & Shoot BRAIN Post Contrast	<input type="checkbox"/>	CORONAL Standard/Soft Tissue	<input type="checkbox"/>
Axial Plane BRAIN Bone/Sharp Algorithm	<input type="checkbox"/>	CORONAL Standard/Soft Tissue	<input type="checkbox"/>
Axial Plane Step & Shoot Angiography BRAIN	<input type="checkbox"/>	CORONAL Bone/Sharp	<input type="checkbox"/>
Axial Plane Step & Shoot CCTA Angiography	<input type="checkbox"/>	3-D Standard/Soft	<input type="checkbox"/>
Axial Plane Helical/Spiral CCTA Angiography	<input type="checkbox"/>	3-D Bone/Sharp	<input type="checkbox"/>
Axial Plane Helical/Spiral CHEST/THORAX Unenhanced Soft Tissue Algorithm I	<input type="checkbox"/>	MULTI-PHASE	<input type="checkbox"/>
Axial Plane Helical/Spiral ABDOMEN Unenhanced Standard/Soft Tissue Algorithm	<input type="checkbox"/>	Axial Plane Helical/Spiral CHEST/THORAX Enhanced Standard/Soft Tissue Algorithm	<input type="checkbox"/>
Axial Plane Helical/Spiral PELVIS Unenhanced Standard/Soft Tissue Algorithm	<input type="checkbox"/>	Axial Plane Helical/Spiral ABDOMEN Enhanced Standard/Soft Tissue Algorithm	<input type="checkbox"/>
Axial Plane Step & Shoot ABDOMEN Angiography	<input type="checkbox"/>	Axial Plane Helical/Spiral PELVIS Enhanced Standard/Soft Tissue Algorithm	<input type="checkbox"/>
Axial Plane Helical/Spiral ABDOMEN Angiography	<input type="checkbox"/>	Scout / Topogram / Surview	<input type="checkbox"/>
Axial Plane Step & Shoot PELVIS Angiography	<input type="checkbox"/>	3-D Standard/Soft	<input type="checkbox"/>
Axial Plane Helical/Spiral PELVIS Angiography	<input type="checkbox"/>	3-D Bone/Sharp	<input type="checkbox"/>
SAGITTAL Standard/Soft Tissue	<input type="checkbox"/>	SAGITTAL Standard/Soft Tissue	<input type="checkbox"/>
SAGITTAL Bone/Sharp	<input type="checkbox"/>	SAGITTAL Bone/Sharp	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>
Other, specify	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>

Name of Technologist: _____

Technologist phone number: _____

Technologist email: _____