



CT SCAN REPORTING AND ALERTS FORM

ID NUMBER: [][][][][][][][][][]

FORM CODE: [C] [T] [R]

DATE: 11/15/2017
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: [][][]/[][][]/[][][][][]

0b. Staff ID: [][][]

Instructions: This form is completed by the CT Scan Reading Center to document critical results. Once this form is entered into CDART, alerts and results will be available in reports generated at the field center.

1. Date of receipt of the CT scan [][][]/[][][]/[][][][][]
mm dd yyyy

Critical results noted from the CT scan:

2. Were any alerts or abnormalities noted on the CT scan? Yes No **GO TO ITEM 5**

3. Alerts:

- a. Aortic diameter > 45 mm..... Yes No
- b. Aortic Valve Calcification score > 1000 Yes No
- c. Lung masses (>30mm) Yes No
- d. Lobar pneumonia Yes No
- e. Pneumothorax..... Yes No
- f. Large pericardial effusion..... Yes No
- g. Large pleural effusion Yes No
- h. Other Yes No

If other, specify: _____

4. Other abnormalities:

- a. Nodules (non-calcified densities in the lung >8 to <30 mm) Yes No
- b. Dense (non-cystic) lesions in the liver, spleen or kidneys Yes No

5. Date of reading [][][]/[][][]/[][][][][]
mm dd yyyy