|  |  |  |  |
| --- | --- | --- | --- |
| **CIPS-Physician/Nurse Meeting Log** | | **Protocol #:** |  |
| Physician/nurse: |  | Meeting date: |  |
| Patient Name: |  | Patient MRN: |  |

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| --- | --- | --- | --- |
| Date: |  | Prior Baseline date: |  |
|  |  | Baseline date: |  |
|  |  | Restaging Date: |  |

Reason for review:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 – Discussing Baseline Lesions | | | |
|  | Describe: | |  | |
|  |  | |  | |
|  | 2 – Restaging or re-evaluating of the lesion(s) | | | |
|  |  | | | |
|  |  | A – Concern or question about prior measurement | | |
|  |  | Describe: | |  |
|  |  | B – Concern or question about prior lesion selection | | |
|  |  | Describe: | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study:** |  |  | **Study Date:** |  |

Lesions:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Lesion | TL/NTL/NL | Modality/Area | Description | Size | Series # | Image # |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |

Comments:

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| --- | --- |
| **Review time (min):** |  |