CT Evaluation Form Help.								
	Date							
(DD/Mmm/YYYY) Exam Number								
Radiologist			Final Reading					
Signing radiologist -			- ~					
Clinical Information								
				ati				
CT S	CT Scan Performed at Outside Institution							
Type	Type of Exam ○ Baseline ○ Annual Repeat ○ Follow-up (not annual repeat)							
CT P	CT Protocol O Low-Dose CT O Standard CT O Limited CT							
Recor	nstructed slice th	ickness (mm)						
Date	Date of Baseline CT Date of Most Recent Comparative Study (if applicable)							
Time	Time Since Baseline (Months) Prior Scans							
Norm	Normal Shortcut Short-cut to fill in "no abnormalities" in all the subsequent data values. You can input data values for those which are not negative. See the yellow help button for details.							
		eting the Nodule Grid						
	Number of Non- odules $\geq 3 \text{ mm}$)		Total Number of Nodules parenchymal and endobronch	nial)				
Noc	dule ID	Nodule 1	Nodule 2	Nodule 3	Nodule 4	Nodule 5	Additional Nodules	
							Nodule 6 V	
T- 2								
-	t new?		-	-	-	- ~	·	
Enc	lobronchial?	-	-	-	-	-		
End Mo Loc	lobronchial? st Likely ation							
End Mo Loc	dobronchial?	- ~		- ~	- >	- ~		
End Mo Loc Dist	lobronchial? st Likely cation tance from the	- ~		- ~	- >	- ~		
End Mo Loc Diss cost	st Likely cation tance from the tal pleura (mm) agth (mm) ximum Width	- ~		- ~	- >	- ~		
End Mo Loc Dist cost Len Ma (mr	st Likely cation tance from the tal pleura (mm) agth (mm) ximum Width	- ~		- ~	- >	- ~		
End Mo Loc Diss cost Len Ma (mr Noc Con Soli	st Likely cation tance from the tal pleura (mm) ngth (mm) ximum Width n)	-	-	-	-	-		
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