



# CT IMAGE ACQUISITION FORM FOR FOLLOW-UP

ID NUMBER:

FORM CODE: CTF  
VERSION: 3.0 11/12/2018

Event: \_\_\_\_\_

0a) Date of Collection  /  /

0b) Staff Code

**Instructions:** Please capture the CT date on this form along with any changes to the participant's lungs since their last SPIROMICS clinic visit.

1) Date of CT Scan  /  /

2) Has the participant had any known changes to their lungs since their last clinic visit?

- No<sub>0</sub> → **Go to End**  
 Yes<sub>1</sub>

2a) If yes, please select all that apply:

- 2a1)  Pacemaker/ AICD
- 2a2)  Pneumonectomy
- 2a3)  Lobectomy
- 2a4)  Wedge resection
- 2a5)  Lung Volume Reduction Surgery (LVRS)
- 2a6)  Pleural surgery
- 2a7)  Indwelling pleural catheter (in place at time of visit)
- 2a8)  Cardiac stents
- 2a9)  Mechanical heart valves
- 2a10)  Single lung transplant
- 2a11)  Double lung transplant
- 2a12)  Other

2a12a. If other, please specify: \_\_\_\_\_

**END OF FORM**