

FOLLOW-UP CT IMAGE ACQUISITION FORM

ID NUMBER:

FORM CODE: CTF
VERSION: 1.0 10/21/2022

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: Please capture the CT date on this form so that it can be double checked against the date entered into the Imaging Reading Center's database along with any changes to the participant's lungs since their last SOURCE clinic visit.

1) Date of CT Scan: / /

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

No₀ → **Go to End**

Yes₁

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