

Appendix 3

Study Name: _____

ABDOMINAL CT SCAN CASE REPORT FORM

Patient Number (PID):
 Date of Scan:
m m m d d y y y

Protocol Name/#:
 Site Number:
 Week:

Please include this form with scans and use a separate form for each scan.

Technician's name: _____
 Phone number: _____ E-mail: _____

1. Abdominal DFOV: _____

3. Other: _____

DFOV = Display Field of View when saved to disc.

- 1. Tomogram done to identify cross-section at interspace between L4 and L5? Yes No
- 2. Record the following for the CT slice:
 1. Abdominal: a. kV: _____ b. MA: _____ c. Scan Time: _____
- 3. Held breath? Yes No
- 4. Does the slice contain the entire image of the abdomen? Yes No
If Yes, GO TO Question 5, If No, explain: _____
- 5. Have you double-checked to see that the image is on the disk? Yes No
If Yes, GO TO Question 6, If No, explain: _____
- 6. Did you use the same technique (kV, MA) and DFOV for the slice (if repeat)? Yes No
If Yes, GO TO Question 7, If No: a. Specify abdominal kV, MA and DFOV: _____
- 7. Has image on disk been stored in RAW or non-compressed format? Yes No
If Yes, GO TO Question 8, If No, explain: _____
- 8. Has image been stored in DICOM format on a CD-ROM? Yes No
If Yes, GO TO Question 9, If No, explain: _____
- 9. Was this file sent electronically? Yes, by DICOM protocol Yes, By FTP Protocol No
- 10. Date data sent to Tufts University:
m m d d y y y y
- 11. Are there any additional comments? Yes No
If No, STOP. If Yes, explain: _____

Send this form, disk and hard copy paper printouts to:
 Andrea Desilets, 150 Harrison Ave., Jaharis 212, Boston, MA 02111