



Exam 6

Lung Contrast Screener

Participant ID #:

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Acrostic:

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Technician ID:

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Date:

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Month

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Day

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Year

SECTION A

1. Did participant consent to the lung CT?

- ☐ Yes —————→ **Continue**
- ☐ No —————→ **STOP.** Do not perform any CT scan. End of CT component of study visit.

2. Did participant consent to contrast?

- ☐ Yes —————→ **Continue**
- ☐ No —————→ Participant not eligible for contrast CT protocol. **Skip to Question 5.**

3. ¿Alguna vez ha sufrido alguna reacción alérgica al medio de contraste administrado como parte del escáner CT (vía y por IV)?

- ☐ No —————→ **Continue**
- ☐ Yes —————→ Participant not eligible for contrast CT protocol. **Skip to Question 5.**

4. ¿Tiene algún objeto de metal grande en el pecho (por ej. marcapasos, desfibrilador cardiaco implantable [ICD])*?

** metal stents and metal cardiac valves are NOT an exclusion; answer 'no' for these.*

- ☐ No —————→ **Continue**
- ☐ Yes —————→ Participant not eligible for contrast CT protocol. **Skip to Question 5.**

5. Is participant eligible for contrast CT protocol?

- ☐ Yes, pending creatinine measurement —————→ **Proceed to Contrast CT Completion Form.**
- ☐ No —————→ **Proceed to Non-Contrast CT Completion Form.**