



MESA Exam 6

Lung CT With Contrast Protocol: FLASH Completion Form

Participant ID #: Acrostic:

Technician ID: Date: / /
Month Day Year

SECTION A

1. Did participant consent to the lung CT?

- Yes → **Continue**
- No → **STOP.** Do not perform any CT scan.
- Refused (after consenting) → **STOP.** Do not perform any CT scan.

2. Did participant consent to contrast?

- Yes → **Continue**
- No → **STOP.** Skip to Section C - Non-Contrast protocol.
- Refused → **STOP.** Skip to Section C - Non-Contrast protocol.

3. Did participant pass the Lung contrast screener?

- Yes → **Continue**
- No → **STOP.** Skip to Section C - Non-Contrast protocol.

4. Was eGFR test performed?

- Yes
- Pending
- No (Not eligible for contrast if eGFR not done)



Wait for result

Date of creatinine measurement: / /
Month Day Year

Participant Age: Serum creatinine: .

Gender:
 Male Female

Race:

Using the following website: http://touchcalc.com/e_gfr
Enter the creatinine, age, gender, and race above to calculate the GFR:

Calculated GFR value:

If GFR ≥ 60 → **Continue**
If GFR < 60 → **STOP.** Skip to Section C - Non-contrast protocol.

Indicate reason:

- Refused
- No blood for test
- Ill
- Physically unable
- Other:

STOP. Skip to Section C - Non-Contrast protocol.

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5. Are you able to administer contrast?

- Yes \longrightarrow **Continue** to Section B contrast protocol
- No \longrightarrow Indicate reason and then skip to Section C - Non-contrast protocol

Reason:

- Unable to obtain IV
- Pump malfunction

Other:

SECTION B: Contrast CT Scanning Protocol (1 contrast scan)

START OF SECTION B

Scan 1: Contrast CT at relaxed exhalation (FRC)

After scan length is set from topogram, FRC estimated DLP:

Is estimated DLP over 430 mGy*cm?

- No \longrightarrow Perform scan
- Yes \longrightarrow **Do not perform scan. Skip to Section C.**

Scan performed:

Yes \longrightarrow Actual DLP:

No \longrightarrow Reason:

Quality of performed scan: Yes No

Followed breathing instructions

Motion artifact

Inclusion of whole lung

Alarm findings (e.g., large mass, large effusion):

- Yes \longrightarrow If yes, describe:
- No

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Unexpected event :

- No
- Yes, specify:
 - Fainting episode
 - Allergic reaction suspected
 - Other:

END OF SECTION B – **DO NOT COMPLETE SECTION C**

SECTION C: Non-Contrast CT Scanning Protocol (2 non-contrast scans)

START OF SECTION C

*Caution: **Do NOT** complete this section if participant performed Section B*

Scan 1: Non-contrast CT at full-inspiration (TLC)

After scan length is set from topogram, TLC estimated DLP:

Is estimated DLP over 430 mGy*cm?

- No \longrightarrow Perform scan
- Yes \longrightarrow **Do not continue. End of study.**

Scan performed:

- Yes \longrightarrow Actual DLP:
- No \longrightarrow Reason:

Scan 2: Non-contrast CT at relaxed exhalation (FRC)

After scan length is set from topogram, FRC estimated DLP:

Is **cumulative** DLP (TLC Actual DLP + FRC estimated DLP) over 430 mGy*cm?

- No \longrightarrow Perform scan
- Yes \longrightarrow **Do not perform scan 2.**

Scan performed:

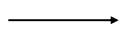
- Yes \longrightarrow Actual DLP:
- No \longrightarrow Reason:

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Quality of performed scans:	Yes	No
Followed breathing instructions for all performed scans	<input type="radio"/>	<input type="radio"/>
Motion artifact on any performed scan	<input type="radio"/>	<input type="radio"/>
Inclusion of whole lung on all performed scans	<input type="radio"/>	<input type="radio"/>

Alarm findings (e.g., large mass, large effusion):

- Yes
- No



If yes, describe:

Unexpected event :

- No
- Yes, specify:

Fainting episode

Other:

END OF SECTION C – DO NOT COMPLETE SECTION B