

Participant ID #:	Acrostic:	
Technician ID:	Date: / Day	Year

Day

Lung CT With Contrast Protocol: FORCE Completion Form

SECTION A: Screening

1	Did	narticinan ³	t consent to	the	lung	CT3
т.	Diu	participan	i consent ti	, uic	iulig	CI:

- O Yes Continue
- **STOP.** Do not perform any CT scan.
- O Refused (after consenting) STOP. Do not perform any CT scan.
- 2. Did participant consent to contrast?
 - O Yes ── Continue
 - O No → **STOP.** Skip to Section C - Non-Contrast protocol.
 - O Refused STOP. Skip to Section C Non-Contrast protocol.
- 3. Did participant pass the Lung contrast screener?
 - → Continue
 - O No **STOP.** Skip to Section C - Non-Contrast protocol.
- 4. Can the participant keep their arms above their head for the CT scan?
 - O Yes Continue
 - O No **STOP.** Skip to Section C - Non-Contrast protocol.



5. Was eGFR test performed?	
○ Yes ○ Pending ○ No (Not eligited with the second of the	ble for contrast if eGFR not done)
Date of creatinine measurement:	Indicate reason: O Refused O No blood for test O III O Physically unable O Other: STOP. Skip to Section C - Non-Contrast protocol.
6. Are you able to administer contrast? O Yes — Continue to Section B contrast protocol O No — Indicate reason and then skip to Section C - Non-contrast protocol Reason: O Unable to obtain IV O Pump malfunction O Other:	protocol

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SECTION B: Contrast CT Scanning Protocol (1 non-contrast scan and 1 contrast scan) START OF SECTION B Scan 1: Non-contrast CT at full-inspiration (TLC) Scan performed: O No Reason: O Yes Actual DLP: Is actual DLP more than 125 mGy*cm? O No Continue to Scan 2 Do not perform Scan 2. Skip to section C. O Yes Scan 2: Contrast CT at relaxed exhalation (FRC) After scan length is set from topogram, FRC estimated DLP: Is estimated DLP more than 300 mGy*cm? O No Perform scan O Yes Add FRC Estimated DLP to TLC Actual DLP Is sum of the two DLP more than 425 mGy*cm? O No Perform scan Do not perform Scan 2. O Yes Skip to section C. Scan performed: O No Reason: O Yes Actual DLP: Quality of performed scans: Yes No 0 Followed breathing instructions for all performed scans 0 Motion artifact on any performed scan 0 0 0 Inclusion of whole lung on all performed scans 0



Alarm findings (e.g., large mass, large effusion):
O Yes → If yes, describe:
O No
Unexpected event:
O No
O Yes, specify:
☐ Fainting episode
☐ Allergic reaction suspected
Other:
END OF SCANNING. END OF STUDY. DO NOT COMPLETE SECTION C.
SECTION C: Non-Contrast CT Scanning Protocol (3 non-contrast scans)
START OF SECTION C
Caution: Do NOT complete this section if participant performed ALL of Section B
Was the non-contrast CT at full-inspiration (TLC) already performed during Contrast Protocol?
O No — Continue to Scan 1
O Yes — Actual DLP:
Is actual DLP more than 200 mGy*cm?
O No ────── Skip to Scan 2
○ Yes — DO NOT CONTINUE. END OF STUDY.

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Scan 1: Non-contrast CT at full-inspiration (TLC)				
Scan performed:				
O No Reason:				
O Yes — Actual DLP:				
Is actua	Il DLP more than 200 mGy*cm?			
O No	Continue to Scan 2			
O Yes	→ DO NOT CONTINUE. END OF STUDY.			
Scan 2: Non-contrast CT at relaxed exhalation (FRC)				
Scan performed:				
O No ───── Reason:				
○ Yes — Actual DLP:				
Is actua	al DLP more than 100 mGy*cm?			
Is actual O No	al DLP more than 100 mGy*cm? ————— Continue to Scan 3			
O No	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO			
O No	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO			
O No O Yes Scan 3: Non-contrast CT at full-exhalation (RV)	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO			
Scan 3: Non-contrast CT at full-exhalation (RV) Scan performed:	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO			
Scan 3: Non-contrast CT at full-exhalation (RV) Scan performed: O No Reason:	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO			
Scan 3: Non-contrast CT at full-exhalation (RV) Scan performed: O No Reason: O Yes Actual DLP:	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO "QUALITY OF PERFORMED SCANS" Yes No			
Scan 3: Non-contrast CT at full-exhalation (RV) Scan performed: O No Reason: O Yes Actual DLP: Quality of performed scans:	Continue to Scan 3 DO NOT PERFORM SCAN 3. SKIP TO "QUALITY OF PERFORMED SCANS" Yes No			



Alarm findings (e.g., large mass, large effusion):
O Yes
O No
Unexpected event:
O No
O Yes, specify:
☐ Fainting episode
□ Other:

END OF SECTION C - DO NOT COMPLETE SECTION B

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