1. *Facility ID Number:		2A.*Registry exam number	(auto-filled)	2B. Exam unique ID	

3. Patient Information

*Patient ID:	(auto-filled)
*Patient SSN#:	
*Old Medicare Beneficiary ID (prior to April 2018):	
*New Medicare Beneficiary ID (April 2018 and later):	
Other Identification:	
First Name:	
Middle Name:	
Last Name:	
*Date of Birth:	_____/_____/_____ (mm/dd/yyyy)
*Patient Sex	O Male O Female O Other O Unknown

Race: Select all that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Pacific Islander
- ☐ White
- ☐ Other
- ☐ Not reported
- ☐ Unknown

Patient ethnicity (Hispanic origin): O Hispanic or Latino   O Not Hispanic or Latino   O Not reported   O Unknown

Health insurance Select all that apply:

- ☐ Medicare
- ☐ Medicaid
- ☐ Private insurance
- ☐ Self-pay
- ☐ VA
- ☐ Unknown
- ☐ Other, please specify: _____

Education level Select one:

- O 8th grade or less
- O 9th – 11th grade
- O High school graduate or high school equivalency
- O Post high school training, other than college (e.g., vocational / technical school)
- O Associate degree / some college
- O Bachelor's degree
- O Other, please specify: _____
- O Graduate or Professional school
- O Unknown/refused to answer

COVID Diagnosis O No   O Yes   O Unknown

COVID Diagnosis Date _____/_____/_____ (mm/dd/yyyy)

* Required field

COVID Testing Status	O Tested: Positive O Tested: Negative O Tested: Inconclusive O Unknown O Testing Not Performed
COVID Vaccine	O No O Yes O Unknown
COVID Vaccine Date	_____/_____/_____ (mm/dd/yyyy)
COVID Vaccine Manufacturer	O Johnson & Johnson Janssen O Novavax O Oxford – AstraZeneca O Pfizer – BioNTech O Unknown O Moderna O Other, please specify: _____
COVID Vaccination Site	O Right Arm O Other O Left Arm O Unknown
Date of Death:	Date of Death: _____/_____/_____ (mm/dd/yyyy) How Cause of Death was Determined: O Autopsy Report O Death Certificate O Medical record O Physician O Relative or friend O Social Security Death Index O Other, please specify: _____ Cause of Death: O Lung Cancer O Cannot Determine O Non-lung cancer cause, specify if known: _____ Invasive procedure within 30 days prior to death: O Yes O No O Unknown
4. *Examination Date:	_____/_____/_____ (mm/dd/yyyy)
Rescheduled Examination?	O Yes O No O Unknown
Originally scheduled Examination date	_____/_____/_____ (mm/dd/yyyy)
Rescheduled reason:	O Patient (COVID/2019 Coronavirus related) O Patient (Other) O Unknown O Facility (COVID/2019 Coronavirus related) O Facility (Other)

* Required field

5A. General

Appropriateness of Screening

5A1. *Smoking Status	Select one: O Current smoker O Former smoker O Never smoker O Smoker, current status unknown O Unknown if ever smoked
	Number of pack-years of smoking:
	Number of years since quit:
5A2. Did physician provide smoking cessation guidance to patient?	O No O Yes O Unknown
5A3. Is there documentation of shared decision making?	O No O Yes O Unknown
5A4. *Patient's Height	(inches)
5A5. *Patient's Weight	(pounds)
5A6. Other comorbidities listed on patient record that limit life expectancy:	Select all that apply: ☐ COPD ☐ Pulmonary fibrosis ☐ Emphysema ☐ Coronary artery disease ☐ Congestive heart failure ☐ Peripheral vascular disease ☐ Lung cancer ☐ Cancer other than lung cancer ☐ Other, please specify:

Study Data

5A7. *Radiologist (reading):	First Name:	Last Name:
5A8. Ordering Practitioner:	First Name:	Last Name:
	NPI: O Unknown	
5A9. *Indication for Exam	Are there any signs or symptoms of lung cancer: O Yes O No If no, select one: O Baseline screen (prevalence screen, aka first screen) O Non-screening Chest CT assigned a Lung-RADS score and used in lieu of an annual screen to avoid repeat scanning.	 O Annual screen (incidence screen, aka subsequent screens)
5A10. *Modality:	O Low dose chest CT O Routine chest CT	
5A11. *CT Scanner:	Scanner Name: Manufacturer:	
	Model:	

5A12. Screening CT Radiation Exposure	*CTDivol: (mGy)	*DLP: (mGy*cm)
	Tube current-time: (mAs)	Tube voltage: (kV)
	Scanning time: (s)	Scanning volume: (cm)
	Pitch:	
	*Reconstructed image width (nominal width of reconstructed image along z-axis) :	(mm)

* Required field

5A13. *CT Screening Exam Result by Lung-RADS Category:	Select one: O 0: Recalls (incomplete screen) 　　Reasons for recall, select one: 　　O I: Incomplete coverage 　　O N: Noise 　　O M: Respiratory motion 　　O E: Expiration 　　O OBa: Obscured by acute abnormality 　　O UC: Unable to complete, please specify reason: 　　　_____ 　　　U: Unknown 　　O IP: Inflammatory or infectious process O 1. Normal, continue annual screening O 2. Benign appearance or behavior, continue annual screening O 3. 6 month CT recommended O 4A. 3 month CT recommended; may consider PET/CT O 4B. Additional diagnostics and/or tissue sampling recommended O 4X. Additional diagnostics and/or tissue sampling recommended – increased suspicion of malignancy. O Lung-RADS version used to report results 　　O 1.0 　　O 1.1 　　O Lung-RADS 2022 　　O Other/Unknown
5A14. *Other clinically significant or potentially significant abnormalities – CT exam result modifier S:	O No　　　　　　　　　　　　　　O Yes If yes, what were the other findings? (Select all that apply.) ☐ Aortic aneurysm　　☐ Coronary arterial calcification, moderate or severe　　☐ Pulmonary fibrosis ☐ Mass, please specify, e.g., neck, mediastinum, liver, kidneys: _____ ☐ Other interstitial lung disease, select type if known: 　O UIP/IPF 　O ILD, other, please specify: _____ 　O ILD, unknown ☐ Emphysema, moderate or severe ☐ Other clinically significant abnormalities, please specify: _____ ☐ Unknown ☐ No clinically significant or potentially significant abnormalities
5A15. Prior history of lung cancer – CT exam result modifier C:	O No　　　　　　　　O Yes　　　　　　　　O Unknown
5A16. Years since prior diagnosis of lung cancer:	(years)

5B. Follow-up within 1 year

Note: The following fields need to be collected for any follow-up imaging, biopsy, or surgical procedure for a patient who is in the screening program. There can be multiple follow-up records for each patient during the same year. Please complete a follow-up record for each procedure, even if the procedures occur on the same day. If a patient has a percutaneous biopsy and a bronchoscopy, for example, there should be a separate record for each of these.

* Required field

5B1. *Date of follow-up	_____/_____/_____ (mm/dd/yyyy)

5B2. *Follow-up diagnostic	Select one: O Low dose chest CT O Routine chest CT O PET/CT O Bronchoscopy O Non-surgical biopsy O Surgical resection O Other, please specify: _____

5B3. CT Diagnostic Exam Result by Lung-RADS Category:	Select one:
	O 0: Recalls (incomplete screen)
	  Reasons for recall, select one:
	  O I: Incomplete coverage
	  O N: Noise
	  O M: Respiratory motion
	  O E: Expiration
	  O Oba: Obscured by acute abnormality
	  O UC: Unable to complete, please specify reason: _____
	  O U: Unknown
	  O IP: Inflammatory or infectious process
	O 1. Normal, continue annual screening
	O 2. Benign appearance or behavior, continue annual screening
	O 3. 6-month CT recommended
	O 4A. 3-month CT recommended; may consider PET/CT
	O 4B. Additional diagnostics and/or tissue sampling recommended
	O 4X. Additional diagnostics and/or tissue sampling recommended – increased suspicion of malignancy

Lung cancer incidence *(The following fields apply if the procedure resulted in a tissue/cytology diagnosis. Not applicable for imaging follow-up.)*

5B4. Tissue/cytology diagnosis	O Benign O Malignant – invasive lung cancer O Malignant – minimally invasive lung cancer O Malignant – Non-lung cancer O Malignant – adenocarcinoma in situ O Premalignancy – atypical adenomatous hyperplasia O Non-diagnostic O Malignant – Carcinoid O Clinical – without histology O Malignant (not adenocarcinoma), lung cancer, non-invasive O Malignant (not adenocarcinoma), lung cancer, invasive status unknown O Unknown O Other, please specify: _____

5B5. Tissue/cytology diagnosis method	Select one: O Percutaneous (non-surgical) O Bronchoscopic O Surgical O Unknown

5B6. Location from which sample was obtained:	Select one: O L hilum – Left hilum O Lingula – Lingula of lung O LLL – Left lower lobe of lung O LUL – Left upper lobe of lung O R hilum – Right hilum O RLL – Right lower lobe of lung O RML – Right middle lobe of lung O RML/RLL – Right middle and right lower lobes of lung O RU/RM – Right upper and right middle lobes of lung O RUL – Right upper lobe of lung O Other, please specify: _____ O Unknown

* Required field

5B7. Histology of primary or dominant cell type	Select one:
	O Non-small cell lung cancer. Select one:
	    O Invasive adenocarcinoma
	    O Squamous cell carcinoma
	    O Adenosquamous cell carcinoma
	    O Undifferentiated or poorly differentiated carcinoma
	    O Large cell carcinoma
	    O Other, please specify: _____
	
	O High grade neuroendocrine tumor (small cell lung cancer)
	O Low grade neuroendocrine tumor (carcinoid)
	O Intermediate grade neuroendocrine tumor (atypical carcinoid)
	O Other, please specify: _____
	O Unknown

5B8. Histology of secondary cell type	Select one:
	O Non-small cell lung cancer. Select one:
	    O Invasive adenocarcinoma
	    O Squamous cell carcinoma
	    O Adenosquamous cell carcinoma
	    O Undifferentiated or poorly differentiated carcinoma
	    O Large cell carcinoma
	    O Other, please specify: _____
	
	O High grade neuroendocrine tumor (small cell lung cancer)
	O Low grade neuroendocrine tumor (carcinoid)
	O Intermediate grade neuroendocrine tumor (atypical carcinoid)
	O Other, please specify: _____
	O Unknown

5B9. Stage – Clinical or pathologic?	O Clinical	O Pathologic	O Unknown

5B10. Overall stage	Select one:			
	O 0	O IA	O IA1	O IA2
	O IA3	O IB	O IIA	O IIB
	O IIIA	O IIIB	O IIIC	O IV
	O IVA	O IVAB	O Unknown	

5B11. T Status	Select one:			
	O TX	O T0	O T1a	O T1b
	O T1c	O T1mi	O T2a	O T2b
	O T3	O T4	O Tis	O Unknown

5B12. N Status	Select one:	O NX	O N0	O N1	O N2	O N3

5B13. M Status	Select one:	O MX	O M0	O M1a	O M1b	O M1c

5B14. AJCC Cancer Staging Manual edition used for staging	Select one:	O 7th Edition	O 8th Edition	O Other/Unknown

5C. Additional risk factors

Note: The fields in section 5C are required if "Examination Date" less "Patient's Date of Birth" is greater than 80 years of age or less than 50 years of age OR
"Number of packs-year smoking" is less than 20 OR
"Number of Years Quit" is more than 15

5C1. Radon exposure – documented high exposure levels:	O No	O Yes	O Not sure / Unknown

* Required field

5C2. Occupational exposures to agents that are identified as carcinogens targeting the lungs	Select all that apply: ☐ Silica ☐ Cadmium ☐ Asbestos ☐ Arsenic ☐ Beryllium ☐ Chromium ☐ Diesel fumes ☐ Nickel ☐ Coal Smoke ☐ Soot ☐ Unknown ☐ None ☐ Other, Please specify: _____
5C3. History of cancers that are associated with an increased risk of developing a new primary lung cancer	Select all that apply: ☐ Prior history of lung cancer ☐ Other smoking related cancers, please specify: _____ ☐ Lymphoma ☐ Acute myeloid leukemia ☐ Liver cancer ☐ Pancreatic cancer ☐ Head and neck cancer ☐ Colorectal cancer ☐ Gastric cancer ☐ No history of cancers ☐ Bladder cancer ☐ Esophageal cancer ☐ Kidney cancer ☐ Unknown whether patient has a history of cancers associated with an increased risk of new primary lung cancer
5C4. Lung cancer in first-degree relative (mother, father, sister, brother, daughter or son with history of lung cancer):	O No O Yes O Not sure / Unknown
5C5. Family history of lung cancer, other than first-degree relative:	O No O Yes O Not sure / Unknown
5C6. COPD:	O No O Yes O Not sure / Unknown
5C7. Pulmonary fibrosis:	O No O Yes O Not sure / Unknown
5C8. Second hand smoke exposure:	O No O Yes O Not sure / Unknown
6. *Name of person who completed the paper form:	Last name: _____ First name: _____

* Required field