MSH Patients' Follow Up - Extension I
Form 69 - High Resolution Computed Tomography (HRCT) of the Chest

Instructions

1. A high resolution computed tomography (HRCT) of the chest is performed three times during the 5 year extension period. At AV06, AV08 and at AV10. If the only HCRT available in an Annual Visit window is from a period of hospitalization or diagnostic work-up, those results should be reported.

2. If any abnormalities are noted, please report them on the corresponding line (s) . The form should be accompanied by attachments from the medical record (e.g., chart notes and/or radiology report) fully describing the abnormality.

3. Please keep a digital copy of the HRCT of the chest on electronic media (e.i., Disk) for central reading later.

MSH PATIENTS' FOLLOW UP - EXTENSION I

HIGH RESOLUTION COMPUTED TOMOGRAPHY (HRCT) OF THE CHEST

CLINIC
ID
NAMECO
AV
VIS-DT

KEEP A DIGITAL COPY OF THIS HRCT OF THE CHEST ON ELECTRONIC MEDIA (E.G., DISK) FOR LATER CENTRAL READING.

1. Abnormality of the Heart or Great Vessels ? AB_HEART — Yes (1) / No (2)
   - A. Cardiomegaly CARDIOMEG — Yes (1) / No (2)
   - B. Other Cardiac Abnormality OTHERCARD — Yes (1) / No (2)

   If YES, specify: CARDABSPEC

   - C. Pulmonary Artery Enlargement ARTENLARGE — Yes (1) / No (2)
   - D. Other Abnormality of the Great Vessels OTHERABGV — Yes (1) / No (2)

   If YES, specify: GVABSPEC

2. Abnormality of the Pulmonary Parenchyma? AB_PULPAR — Yes (1) / No (2)

   If NO, skip to item 3.

   A. Pulmonary Fibrosis PULFIBROS — Yes (1) / No (2)

   If NO, skip to item 2B.

   i. Diffuse DIFFUSEPF — Yes (1) / No (2)
   ii. Localized LOCALPF — Yes (1) / No (2)

   iii. Lobes involved

		If Yes, % Involved
a. Right Upper Lobe RULOBE	Yes (1) / No (2)	RULOBEPCT %
b. Right Middle Lobe RMLOBE	Yes (1) / No (2)	RMLOBEPCT %
c. Right Lower Lobe RLLOBE	Yes (1) / No (2)	RLLOBEPCT %
d. Left Upper Lobe LULOBE	Yes (1) / No (2)	LULOBEPCT %
e. Left Middle Lobe LMLOBE	Yes (1) / No (2)	LMLOBEPCT %
f. Left Lower Lobe LLOBE	Yes (1) / No (2)	LLOBE___ %

   - B. Pulmonary Infarcts PULINFARC — Yes (1) / No (2)
   - C. Localized Consolidations LOCCONSOL — Yes (1) / No (2)
   - D. Emphysema EMPHYSEMA — Yes (1) / No (2)

   If NO, skip to item 2E.

   i. Diffuse DIFEMPHYS — Yes (1) / No (2)
   ii. Localized LOCEMPHYS — Yes (1) / No (2)

   E. Other Abnormality of the Pulmonary Parenchyma OTHERPULAB — Yes (1) / No (2)

   If YES, specify: PULABSPEC

3. Abnormality of the Hilum or Mediastinum? AB-HILUM — Yes (1) No (2)

If YES, specify: HILUMABSPEC

4. Abnormality of the Pleural Cavity? AB_PLEURAL — Yes (1) No (2)

If NO, skip to item 5.

A. Diffuse Pleural Thickening DIFFPLEURAL	Yes (1)	No (2)
B. Focal Pleural Thickening FOCPLEURAL	Yes (1)	No (2)
C. Pleural Effusion PLEURALEFF	Yes (1)	No (2)
D. Other Pleural Abnormality OTHERPLEURAB	Yes (1)	No (2)

If YES, specify: PLEURABSPEC

5. Abnormality of the Bony Thorax? AB_BONTHOR — Yes (1) No (2)

If NO, skip to item 6.

A. Bony Erosions of Sickle Cell Anemia BONYEROSION	Yes (1)	No (2)
B. Bone Infarcts BONEINFARCT	Yes (1)	No (2)
C. Other Bony Abnormality OTHERBONAB	Yes (1)	No (2)

If YES, specify: BONYABSPEC

Checked for completeness and accuracy:	
Signature:	
Certification number:	
Date:	

Retain a copy of this form for your files. Send the original to the Medical Coordinating Center, Maryland Medical Research Institute, 600 Wyndhurst Avenue, Baltimore, Maryland 21210. By FAX transmission to 410/435-4232. Thank you.

Patient ID					-	
Annual Visit			A	V		