

PULMONARY AIDS CLINICAL STUDY
FORM G - GALLIUM 67 SCAN INTERPRETATION

Version Date: The version date of the form, located in the upper right corner of the form, should be checked by the interviewer to insure that the correct version of the form is being used.

1. **Patient ID:** The patient's ID label should be affixed here. If a label is not available, the ID should be printed neatly in the space provided.

2. **Clinic:** Enter the two digit clinic-specific ID number in the boxes provided. For all clinics that are composed of only one primary center, a '01' should be entered. If there is more than one clinic at a particular center, the investigator at the center should assign each clinic a different clinic ID number beginning with '01' and going in sequence. A list of the assigned clinic numbers should then be sent to the Coordinating Center.

3.
 - a. **Date of Injection:** Enter the date of injection. Remember to use the complete date format described earlier in this document.

 - b. **Dose of Gallium:** Enter the dose of gallium 67 citrate that was injected. Use the proper units of measurement to record the amount.

 - c. **Date of Scan:** Enter the date that the gallium scan was done. This should be a complete date.

Questions 4 and 5: See the Manual of Diagnostic Procedures for specific information on the procedures to be used in performing the gallium scan.

4. **Qualitative Reading:** Record the appropriate grade for the area of highest uptake for each region specified. Be sure to respond for both the right and left lung. The grading criteria will be as follows:

0 = equivalent to or less than the thoracic soft tissues;

1 = lung can be visualized with intensity slightly greater than the thoracic soft tissue;

2,3 = intensity spaced equally between 1 and 4;

4 = intensity equal to or greater than uptake in the liver. If uptake in the liver is in homogeneous, the area of greatest density should be used.

5. **Quantitative Reading:** Indicate the count density (counts/pixel) for each location specified.
6. **Visit Type:** *Indicate the visit type by checking the appropriate box. If Baseline or Scheduled Follow-up visit, skip to Question 8.*
7. **Qualify as Scheduled Visit:** *Indicate Yes or No if the symptom generated or one month follow-up visit qualifies by protocol definition as a scheduled visit. If the visit does not qualify as a scheduled visit, skip to Question 9.*
8. **Scheduled Follow-up Month:** *If baseline visit, enter 00 in the boxes provided. Otherwise, indicate which scheduled follow-up visit the form is being completed for. For routine patients, these should be the 06, 12, 18, 24, 30, 36, 42 and 48 month visits. For intense patients, these should be the 03, 06, 09, 12, 15, 18, etc. month visits.*
9. **Date of Associated Intake, Interval, or Hospital Form:** *Indicate the date of the Intake, Interval, or Hospital form that was completed at the visit in which this form is also being completed. If no Interval, Intake or Hospital form is associated with this form, the date should be left blank and keyed as a -1 in the Day boxes.*

Gallium Scan Completed By: Enter the name of the individual who completed the Gallium Scan.

Form Reviewer/Date: The individual, other than the interviewer, that reviews the form for completeness and correctness should print their name and the date the form was reviewed in a legible manner in the space provided.

Form Keyer/Date: The individual that keys the form using the RTIDE screen entry package should print their name and the date the form was keyed in a legible manner in the space provided.

PULMONARY COMPLICATIONS OF HIV INFECTION
GALLIUM 67 SCAN INTERPRETATION FORM

1. Patient ID

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2. Clinic

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3. A. Date of Injection

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 Day

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 Month

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 Year

B. Dose of Gallium 67 Citrate ...

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C. Date of Scan

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 Day

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 Month

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 Year

4. Qualitative Reading:
(record grade for area of highest uptake for each region)

A. Whole Lung Uptake:	Grade									
	RIGHT					LEFT				
1) anterior projection	0	1	2	3	4	0	1	2	3	4
B. Regional Uptake:										
1) Anterior Projection:										
a) upper 1/3	0	1	2	3	4	0	1	2	3	4
b) middle 1/3	0	1	2	3	4	0	1	2	3	4
c) lower 1/3	0	1	2	3	4	0	1	2	3	4
2) Posterior Projection:										
a) upper 1/3	0	1	2	3	4	0	1	2	3	4
b) middle 1/3	0	1	2	3	4	0	1	2	3	4
c) lower 1/3	0	1	2	3	4	0	1	2	3	4

5. Quantitative Reading:

A. Count Density (counts/pixel) measured:

1) Lung R01:

a) Anterior Projection:

Right Lung

Four empty boxes for Right Lung Anterior Projection

Left Lung

Four empty boxes for Left Lung Anterior Projection

b) Posterior Projection:

Right Lung

Four empty boxes for Right Lung Posterior Projection

Left Lung

Four empty boxes for Left Lung Posterior Projection

2) Axilla R01:

a) Anterior Projection:

Right Lung

Four empty boxes for Right Lung Anterior Projection

Left Lung

Four empty boxes for Left Lung Anterior Projection

b) Posterior Projection:

Right Lung

Four empty boxes for Right Lung Posterior Projection

Left Lung

Four empty boxes for Left Lung Posterior Projection

3) Liver R01:

Anterior Projection

Four empty boxes for Liver Anterior Projection

Posterior Projection

Four empty boxes for Liver Posterior Projection

z. Her...

Gallium Scan Completed By: _____

Form Reviewed By: _____
(please print)

Date: _____

Form Keyed By: _____
(please print)

Date: _____