Lung CT With Contrast
Protocol: FORCE Completion Form

SECTION A: Screening

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. Can the participant keep their arms above their head for the CT scan?
   - Yes       → Continue
   - No        → STOP. Skip to Section C - Non-Contrast protocol.
5. Was eGFR test performed?
   - Yes
   - Pending
   - No (Not eligible for contrast if eGFR not done)

   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

6. Are you able to administer contrast?
   - Yes: Continue to Section B contrast protocol
   - No: Indicate reason and then skip to Section C - Non-contrast protocol

   Reason:
   - Unable to obtain IV
   - Pump malfunction
   - Other: [ ]

   Indicate reason:
   - Refused
   - No blood for test
   - Ill
   - Physically unable
   - Other: [ ]

   STOP. Skip to Section C - Non-contrast protocol.
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:
- No  →  Reason: 
- Yes  →  Actual DLP: 

Is actual DLP more than 125 mGy*cm?
- No  →  Continue to Scan 2
- Yes  →  Do not perform Scan 2. Skip to section C.

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?
- No  →  Perform scan
- Yes  →  Add FRC Estimated DLP to TLC Actual DLP

Is sum of the two DLP more than 425 mGy*cm?
- No  →  Perform scan
- Yes  →  Do not perform Scan 2. Skip to section C.

Scan performed:
- No  →  Reason: 
- Yes  →  Actual DLP: 

Quality of performed scans:
- Followed breathing instructions for all performed scans: Yes  No
- Motion artifact on any performed scan: Yes  No
- Inclusion of whole lung on all performed scans: Yes  No
Exam 6
Lung CT With Contrast
Protocol: FORCE Completion Form

Alarm findings (e.g., large mass, large effusion):
  ○ Yes  ➔ If yes, describe:
  ○ No

Unexpected event:
  ○ No
  ○ 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?

  ○ No  ➔ Continue to Scan 1
  ○ Yes  ➔ Actual DLP: _______

Is actual DLP more than 200 mGy*cm?

  ○ No  ➔ Skip to Scan 2
  ○ Yes  ➔ DO NOT CONTINUE. END OF STUDY.
Scan 1: Non-contrast CT at full-inspiration (TLC)

Scan performed:

○ No  →  Reason:  

○ Yes  →  Actual DLP:  

Is actual DLP more than 200 mGy*cm?

○ No  →  Continue to Scan 2

○ Yes  →  DO NOT CONTINUE. END OF STUDY.

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

Scan performed:

○ No  →  Reason:  

○ Yes  →  Actual DLP:  

Is actual DLP more than 100 mGy*cm?

○ No  →  Continue to Scan 3

○ Yes  →  DO NOT PERFORM SCAN 3. SKIP TO “QUALITY OF PERFORMED SCANS”

Scan 3: Non-contrast CT at full-exhalation (RV)

Scan performed:

○ No  →  Reason:  

○ Yes  →  Actual DLP:  

Quality of performed scans:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Followed breathing instructions for all performed scans</td>
<td>☐</td>
</tr>
<tr>
<td>Motion artifact on any performed scan</td>
<td>☐</td>
</tr>
<tr>
<td>Inclusion of whole lung on all performed scans</td>
<td>☐</td>
</tr>
</tbody>
</table>
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