



CT Image Acquisition Form

Imaging Core

This form is to be completed for each subject exam and phantom CT scan.
This form should be submitted with the CT DVD/CD to the Imaging Core.
Keep one copy of this form at the Clinical Center as a source document.

Site ID	Subject ID¹	Scanner ID
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¹For phantom scans, include your site ID, scanner ID, and write 'phantom' in the Subject ID field.

CT Scan Date: _____

CT Technologist: _____

Scanner Name/Location: _____

CT IMAGE ACQUISITION

Completed	Scan	Breath-hold time	mA or mAs	Reconstructed collimation	CT Dose Index (CTDI)
<input type="checkbox"/>	INSPIRATION				
<input type="checkbox"/>	EXPIRATION				

CT IMAGE QUALITY

- Adequate Inspiration Yes No
 Motion Artifact Yes No
 Inclusion of All Parts of Lungs Yes No
 Adequate Expiration Yes No

I certify that this examination was performed according to COPDGene™ protocol (as specified on overleaf).

Technologist Signature

Printed Name

Date