

<p><b>ACTION</b></p> <p><input type="checkbox"/> A - New Data</p> <p><input type="checkbox"/> C - Corrected Data</p> <p><input type="checkbox"/> D - Delete Form</p>	<p>LOCAL ID _____</p>	<p style="text-align: center;">- Affix label here -</p> <p>Study Center/ID _____</p> <p>Acrostic _____</p> <p>First Name _____ MI _____</p> <p>Last Name _____</p>
<p>INSTRUCTIONS: Complete one form for each x-ray reviewed.</p>		

1. X-ray Date \_\_\_\_\_ M/D/Y
2. X-ray Source  <sub>1</sub> Study Center  <sub>8</sub> Other; specify \_\_\_\_\_
3. X-ray Reader(s) \_\_\_\_\_
4. Date X-ray read \_\_\_\_\_ M/D/Y
5. Film Quality  <sub>1</sub> Good  <sub>2</sub> Acceptable  <sub>3</sub> Poor  <sub>4</sub> Unacceptable
6. Any parenchymal abnormalities consistent with pneumoconiosis?  <sub>0</sub> No  <sub>1</sub> Yes
7. Profusion
 

<input type="checkbox"/> 0/-	<input type="checkbox"/> 0/0	<input type="checkbox"/> 0/1
<input type="checkbox"/> 1/0	<input type="checkbox"/> 1/1	<input type="checkbox"/> 1/2
<input type="checkbox"/> 2/1	<input type="checkbox"/> 2/2	<input type="checkbox"/> 2/3
<input type="checkbox"/> 3/2	<input type="checkbox"/> 3/3	<input type="checkbox"/> 3/+
8. Any pleural abnormalities consistent with pneumoconiosis?  <sub>0</sub> No  <sub>1</sub> Yes
 

<b>RIGHT</b>	<b>LEFT</b>
9. Diaphragm <input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present 10. Costophrenic Angle <input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present 11. Calcification (any site) <input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present	<input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present <input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present <input type="checkbox"/> <sub>0</sub> Absent <input type="checkbox"/> <sub>1</sub> Present
- PLEURAL THICKENING
 

	<b>RIGHT</b>					<b>LEFT</b>				
	0	1	2	3	4	5	6	7	8	9
<b>Circumscribed</b>										
12. Width (in profile)	<input type="checkbox"/> 0	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> 0	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C
13. Extent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>Diffuse</b>										
14. Width (in profile)	<input type="checkbox"/> 0	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> 0	<input type="checkbox"/> A1	<input type="checkbox"/> A2	<input type="checkbox"/> B	<input type="checkbox"/> C
15. Extent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
16. Based on this film, rate probability of asbestos-related abnormality.
 

<input type="checkbox"/> <sub>0</sub> None	<input type="checkbox"/> <sub>1</sub> Possible	<input type="checkbox"/> <sub>2</sub> Probable	<input type="checkbox"/> <sub>3</sub> Definite
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17. X-ray "positive" by study criteria?  <sub>0</sub> No  <sub>1</sub> Yes

<p>COMMENTS</p>	
XRY Version 02 Revised: 2-9-89 Printing 1 2 3 4 5 6 7 8 9	KEYED                      VERIFIED                      BATCH