



PHANTOM CT IMAGE ACQUISITION FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

FORM CODE: PTA
VERSION: 1.0 10/26/10

Visit
Number

<input type="text"/>	<input type="text"/>
----------------------	----------------------

SEQ #

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

0a) Form Date:.....//

0b) Initials.....

**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 Reading Center.
Keep one copy of this form at the Clinical Center as a source document.**

Site ID	Subject ID*	Scanner ID
_____	Phantom	_____

CT Technologist: _____

Scanner Name/Location: _____

Acquisition Date: _____

Acquisition Time: _____

CT IMAGE ACQUISITION

Completed	Scan	mA or mAs	kV	DFOV	CT Dose Index (CTDI)
<input type="checkbox"/>	INSPIRATORY				_____ mGy
<input type="checkbox"/>	EXPIRATORY				_____ mGy

Scanner Model/Manufacturer: _____

Convolution Kernel: _____ Pitch: _____

Slice Thickness: _____ Slice Separation: _____ Rotation Speed: _____

- Scan Archived
- Scan burned to disk
- Disk containing scan given to Study Coordinator for transmittal

**I certify that this examination was performed according to the SPIROMICS protocol.
I certify that this scanner has been maintained according to the manufacturer's specifications.**

Technologist Signature

Printed Name

Date