

ATBC STUDY

CHEST X RAY FORM

1. Name \_\_\_\_\_
2. Address \_\_\_\_\_  
\_\_\_\_\_
3. Social Security Number \_\_\_\_\_
4. Study ID \_\_\_\_\_
5. Sent to the X-ray: \_\_\_\_/\_\_\_\_ 19 \_\_\_\_
  - 1 No x-ray; taken within a month
  - 2 No x-ray; other reason \_\_\_\_\_
6. Findings
  - 1 Normal
  - 2 Malignancy suspected
  - 4 Fibrosis
  
  - 1 Emphysema
  - 2 Other finding requiring further follow-up \_\_\_\_\_ / \_\_\_\_\_
  - 4 Other finding
7. Reporting physician: \_\_\_\_\_