# Revisions

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Revisions</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 3, 2008</td>
<td>Original issue</td>
</tr>
</tbody>
</table>
| September 17, 2008 | Exam Form “Referred from same day colonoscopy” changed to “Referred from incomplete colonoscopy”  
|                    | “Type of study” selections revised                                                      |
|                    | “Collimation” changed to “Detector row size”                                           |
|                    | “CTDVol” added                                                                          |
|                    | “kVp”, “Effective mAs” and “Quality reference mAs” deleted                              |
|                    | “Decubitus image acquisition” added                                                    |
| Polyp Form         | “Date of confirming colonoscopy” changed to “Date of reference exam”                   |
| April 29, 2010     | Exam Form Additional explanation for “Type of Study” added                               |
| December 8, 2010   | Polyp Form “Surgery performed” option added                                             |
| May 14, 2014       | Exam Form Range of permitted values for “Slice thickness” and “Interval” changed to values between 0.100 mm and 7.000 mm  
<p>|                    | Reference to examples of “Clinically significant extracolonic finding(s)” added         |
| Polyp Form         | “Patient lost to follow-up” option added                                                |
| March 17, 2016     | Item 204 Examples of ‘Screening, high risk’                                            |
| September 8, 2017  | Item 214 CTDVol should be the sum of the values of all series                           |
| August 18, 2018    | Scanner Form Added                                                                     |
|                    | Exam Form Updated Manufacturer to include “Toshiba”                                     |
| October 9, 2018    | Item 109 Reconstructed image wording added                                              |
|                    | Item 213 Header changed                                                                  |
| April 4, 2019      | Item 213 Added Other and Unknown                                                        |
| December 18, 2019  | Item 106 – Detector row size “0.5 mm” added                                             |
|                    | Item 107 – Detector row size, other Minimum value changed to 0.5 mm                     |
|                    | Item 317 – Detector row size “0.5 mm” added                                             |
|                    | Item 318 – Detector row size, other Minimum value changed to 0.5 mm                     |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Item 303.1</th>
<th>Item 303.2</th>
<th>Item 303.3</th>
</tr>
</thead>
</table>
| April 23, 2020 | Item 303.1  
  “Rescheduled Examination” | Item 303.2  
  “Originally Scheduled Examination Date” | Item 303.3  
  “Reason for Rescheduling” added |
| May 28, 2020  | Item 303.2  
  Updated language to state “Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.” |                                                  |                                                  |
| July 28, 2020 | Item 303.3  
  Updated language to reflect “COVID/coronavirus” |                                                  |                                                  |
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### 1. Scanner form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Permitted values</th>
</tr>
</thead>
<tbody>
<tr>
<td>101</td>
<td><strong>Scanner name</strong></td>
<td>Required</td>
<td>An alphanumeric value between 1 and 50 characters long.</td>
</tr>
<tr>
<td></td>
<td>Indicate the name you would like to associate with the scanner parameters shown on the form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>102</td>
<td><strong>Scanner manufacturer</strong></td>
<td>Required</td>
<td>General Electric, Siemens, Philips, Toshiba, Hitachi, Other</td>
</tr>
<tr>
<td></td>
<td>Usage: Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>103</td>
<td><strong>Scanner manufacturer - Other</strong></td>
<td>Required if “Other” is selected for Scanner Manufacturer.</td>
<td>Combinations of characters and spaces between 1 and 45 characters long, with at least one character.</td>
</tr>
<tr>
<td>104</td>
<td><strong>Detector rows</strong></td>
<td>Required</td>
<td>Single, 4, 8, 16, 40, 64, Other</td>
</tr>
<tr>
<td></td>
<td>Indicate the number of detector rows.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>105</td>
<td><strong>Detector rows - Other</strong></td>
<td>Required if “Other” is selected for detector rows.</td>
<td>1-999</td>
</tr>
<tr>
<td></td>
<td>Indicate the number of detector rows, if not listed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Usage: Required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Range: 1-999</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
106 **Detector row size**
Indicate detector row size in millimeters. For example, if the detector configuration is 8 x 1.25, enter 1.25.

Usage: Required.

Permitted values:
- 0.5
- 0.6
- 0.625
- 0.75
- 1.0
- 1.2
- 1.25
- 1.5
- 2.5
- 3.0
- 5.0
- Other

107 **Detector row size - Other**
Indicate detector row size in millimeters. For example, if the detector configuration is 8 x 3.75, enter 3.75.

Usage: Required if “Other” is selected for detector row size.

Range: 0.500 – 5.000.

108 **CTDivol**
Indicate the CTDivol in mGy as displayed on the console. CTDivol should be the sum of the values of all series.

Usage: Required.

Range: 0.01 – 999.99.

109 **Slice thickness**
Indicate the slice thickness for the reconstructed image in millimeters.

Usage: Required.

Permitted values:
- 1.0
- 1.25
- 1.5
- 2.0
- 2.5
- 3.0
- 5.0
- Other
110 Slice thickness - Other
Indicate the slice thickness in millimeters, if not listed.

Usage: Required if “Other” is selected for slice thickness.

Range: 0.100 – 7.000

111 Interval
Indicate the interval in millimeters.

Usage: Required.

Permitted values:
• 0.7
• 0.8
• 1.0
• 1.25
• 1.5
• 2.0
• 3.0
• 5.0
• Other

112 Interval - Other
Indicate the interval in millimeters, if not listed.

Usage: Required if “Other” is selected for interval.

Range: 0.100 – 7.000
201 Facility ID number
Facility ID number is the number assigned to the facility by NRDR.

Usage: Populated automatically.

Permitted values: N/A

202 Case registration date
Indicate the date the paper form was completed.

Usage: Required.

Range: Greater than the patient’s date of birth and less than or equal to the current date.

203 Patient ID
Patient ID is the number assigned to the patient by NRDR.

Usage: Populated automatically.

Permitted values: N/A

204 Social Security Number (SSN)
Indicate the patient’s Social Security Number, if “Other ID” is not supplied.

Usage: Disabled if “Other ID” is entered; required otherwise.

Range: 0 - 999999999

205 Other ID
Indicate an ID number that uniquely identifies the patient, if the Social Security Number is not supplied.

Usage: Disabled if “SSN” is entered; required otherwise.

Permitted values: Combinations of 1 to 45 characters.

206 Description
Indicate a description of the ID used instead of Social Security Number, for example, “Patient Number”.

Usage: Disabled if “SSN” is entered; required otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least 1 character.
2. Case Registration Form

207 First Name
Indicate the patient's first name.

Usage: Required.
Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.

208 Middle name
Indicate the patient's middle name.

Usage: Optional.
Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
- An initial followed by a period.

209 Last name
Indicate the patient's last name.

Usage: Required.
Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.

210 Old Medicare Beneficiary ID (prior to April 2018)
Indicate the patient’s Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional.
Permitted values:
- 9 digits followed by a letter
- 9 digits followed by two letters
- 9 digits followed by a letter and a number
- 1, 2 or 3 letters followed by 6 or 9 digits

211 New Medicare Beneficiary ID (April 2018 and later)
Indicate the patient’s Medicare Identification Number (Health Insurance Claim Number).

Usage: Optional.
Permitted values:
- A combination of 11 letters and numbers, such as 1EG4-TE5-MK72
212 **Date of birth**
Indicate the patient's date of birth in mm/dd/yyyy format.

Usage: Required.

Range: January 1, 1900, to 3 weeks prior to the current date.

213 **Patient Sex**
Indicate the patient's sex at birth.

Usage: Required.

Permitted values:
• Male
• Female
• Other
• Unknown

214 **Race**
Indicate the patient’s race as determined by the patient or patient’s family. If more than one race is identified, select “Other”.

Usage: Optional.

Permitted values:
• American Indian or Alaska Native
• Asian
• Black or African American
• Native Hawaiian or Pacific Islander
• White
• Other

215 **Hispanic origin**
Indicate whether the patient is of Hispanic origin as determined by the patient or the patient’s family.

Usage: Optional.

Permitted values:
• No
• Yes

216 **Date of exam**
Indicate the date of the exam in mm/dd/yyyy format.

Usage: Required.

Range: Less than or equal to the current date.
217 Name of person who completed this paper form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.

Permitted values:
• Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
• An initial followed by a period.

218 Name of person who completed this paper form – Last name
Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
# 3. Exam Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Permitted Values</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>301 Facility ID number</strong></td>
<td>Facility ID number is the number assigned to the facility by NRDR.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>302 Registry case number</strong></td>
<td>The registry case number is assigned by NRDR.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>303 Examination date</strong></td>
<td>The date entered in the “Date of exam” field of the Case Registration Form.</td>
<td>Populated automatically.</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>303.1 Rescheduled Examination</strong></td>
<td>Indicate if this exam was previously scheduled on an earlier date and changed for any reason.</td>
<td>Optional.</td>
<td>No, Yes, Unknown</td>
</tr>
<tr>
<td><strong>303.2 Originally Scheduled Examination date</strong></td>
<td>Indicate the date on which the exam was previously scheduled. If the exam has been rescheduled multiple times, use the first originally scheduled date of exam.</td>
<td>Required</td>
<td>mm/dd/yyyy</td>
</tr>
</tbody>
</table>

**Cannot be a future date**
3. Exam Form

303.3 Rescheduled Reason
Indicate the primary reason the exam was rescheduled.

Usage: Optional

Permitted values: Select One
- Patient reason (COVID/coronavirus related)
- Patient reason (Other)
- Facility reason (COVID/coronavirus related)
- Facility reason (Other)
- Reason Unknown

304 Type of study
Indicate the type of study.

Usage: Required.

Permitted values:
- Screening
- Diagnostic without contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. It does not include asymptomatic patients who only have a history of failed optical colonoscopy, unless the colonoscopy was declared failed due to a visualized stricture or mass.)
- Diagnostic with contrast (Include patients with any sign or symptom that justifies a diagnostic code, e.g., anemia, blood in the stool, abnormal guaiac or FIT stool test. It does not include asymptomatic patients who only have a history of failed optical colonoscopy, unless the colonoscopy was declared failed due to a visualized stricture or mass.)

305 Type of study - Screening
Indicate the type of screening study.

Usage: Optional.

Permitted values:
- Average risk (includes failed OC for reasons unrelated to increased risk of cancer [tortuosity, diverticulosis])
- Higher risk without symptoms (family history, etc)
- Prior resected polyp

306 Type of study – Diagnostic without contrast
Indicate the type of Diagnostic without contrast study.

Usage: Optional.

Permitted values:
- Symptoms with increased risk of cancer or neoplasm (includes abnormal FIT test)
- Follow-up of known unresected polyps
3. Exam Form

307 Type of study – Diagnostic with contrast
Indicate the type of Diagnostic with contrast study.

Usage: Optional.

Permitted values:
- Symptoms with increased risk of cancer or neoplasm
- Follow-up of known unresected polyps

308 Interpreting physician
Indicate the name of the primary physician who performed the examination.

Usage: Required.

Permitted values: Physicians whose names are entered in the physician dictionary.

309 Did technique meet ACR guidelines? (McFarland EG et al. ACR Colon Cancer Committee White Paper: Status of CT Colonography 2009 J Am Coll Radiol, 2009, Detector collimation ≤1.0 mm, slice thickness ≤3 mm, upper limit dose index by volume for routine pf 6.25 mGy per position or 12.5 mGy for the entire examination. ≤50% of the CT dose index by volume for routine abdominopelvic CT (upper limit of 25 mgY) unless morbidly obese.
Indicate whether technique met guidelines in listed note.

Usage: Optional.

Permitted values:
- No
- Yes

Note: If answered, fields 310-327 are optional.

310 Referred from incomplete colonoscopy
Indicate whether patient was referred from an incomplete colonoscopy.

Usage: Required if field 309 is not answered.

Permitted values:
- No
- Yes

311 Patient’s width (measured from scout at widest point)
Indicate the patient’s width in centimeters at the widest point, as measured from the scanned projection radiogram (i.e., scout, surview, topogram or scanogram).

Usage: Required if field 309 is not answered.

Range: 5-70
### 3. Exam Form

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Permitted values</th>
</tr>
</thead>
<tbody>
<tr>
<td>312</td>
<td><strong>Scanner name</strong></td>
<td>Indicate the name you would like to associate with the scanner parameters shown on the form.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>313</td>
<td><strong>Scanner manufacturer</strong></td>
<td>Indicate the scanner manufacturer.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>314</td>
<td><strong>Scanner manufacturer - Other</strong></td>
<td>Indicate the scanner manufacturer, if not listed.</td>
<td>Required if “Other” is selected as the scanner manufacturer.</td>
</tr>
<tr>
<td>315</td>
<td><strong>Detector rows</strong></td>
<td>Indicate the number of detector rows.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>316</td>
<td><strong>Detector rows - Other</strong></td>
<td>Indicate the number of detector rows, if not listed.</td>
<td>Required if “Other” is selected for detector rows.</td>
</tr>
<tr>
<td>Field</td>
<td>Description</td>
<td>Details</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>---------</td>
<td></td>
</tr>
<tr>
<td>317</td>
<td>Detector row size</td>
<td>Indicate detector row size in millimeters. For example, if the detector configuration is 8 x 1.25, enter 1.25. Usage: Required if field 309 is not answered. Permitted values: 0.5, 0.6, 0.625, 0.75, 1.0, 1.2, 1.25, 1.5, 2.5, 3.0, 5.0, Other</td>
<td></td>
</tr>
<tr>
<td>318</td>
<td>Detector row size - Other</td>
<td>Indicate detector row size in millimeters. For example, if the detector configuration is 8 x 3.75, enter 3.75. Usage: Required if “Other” is selected for detector row size. Range: 0.500 – 5.000.</td>
<td></td>
</tr>
<tr>
<td>319</td>
<td>CTDI&lt;sub&gt;vol&lt;/sub&gt;</td>
<td>Indicate the CTDI&lt;sub&gt;vol&lt;/sub&gt; in mGy as displayed on the console. CTDI&lt;sub&gt;vol&lt;/sub&gt; should be the sum of the values of all series (Note: Do not include scout/localizer) Usage: Required if field 309 is not answered. Range: 0.01 – 999.99.</td>
<td></td>
</tr>
</tbody>
</table>
3. Exam Form

320  **Slice thickness**
Indicate the slice thickness in millimeters.

Usage: Required if field 309 is not answered.

Permitted values:
• 1.0
• 1.25
• 1.5
• 2.0
• 2.5
• 3.0
• 5.0
• Other

321  **Slice thickness - Other**
Indicate the slice thickness in millimeters, if not listed.

Usage: Required if “Other” is selected for slice thickness.

Range: 0.100 – 7.000

322  **Interval**
Indicate the interval in millimeters.

Usage: Required if field 309 is not answered.

Permitted values:
• 0.7
• 0.8
• 1.0
• 1.25
• 1.5
• 2.0
• 3.0
• 5.0
• Other

323  **Interval - Other**
Indicate the interval in millimeters, if not listed.

Usage: Required if “Other” is selected for interval.

Range: 0.100 – 7.000
<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
<th>Usage</th>
<th>Permitted values</th>
</tr>
</thead>
<tbody>
<tr>
<td>324</td>
<td><strong>IV contrast</strong></td>
<td>Indicate whether IV contrast was administered.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>325</td>
<td><strong>Supine image acquisition</strong></td>
<td>Indicate whether a supine image was acquired.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>326</td>
<td><strong>Prone image acquisition</strong></td>
<td>Indicate whether a prone image was acquired.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>327</td>
<td><strong>Decubitus image acquisition</strong></td>
<td>Indicate whether a decubitus image was acquired.</td>
<td>Required if field 309 is not answered.</td>
</tr>
<tr>
<td>328</td>
<td><strong>At least one polyp ≥ 10 mm</strong></td>
<td>Indicate whether any polyps greater than or equal to 10 millimeters were detected.</td>
<td>Required.</td>
</tr>
</tbody>
</table>
329 **Entire colon and rectum in scanned field of view**
Indicate whether the entire colon and rectum were in the scanned field of view.

Usage: Required.

Permitted values:
- No
- Yes

330 **Is one or more segment non-diagnostic?**
Indicate whether one or more segment is non-diagnostic.

Usage: Required.

Permitted values:
- No
- Yes

331 **Is one or more segment non-diagnostic? – Yes, indicate all that apply**
Indicate the reason(s) why one or more segment is non-diagnostic.

Usage: Required if “Yes” is selected for “Is one or more segment non-diagnostic?”; disabled otherwise.

Permitted values: One or more of the following:
- Excess fluid
- Fecal material
- Segmental collapse
- Other, specify

332 **Is one or more segment non-diagnostic? – Yes, indicate all that apply – Other, specify**
Indicate the reason(s) why one or more segment is non-diagnostic, if not listed.

Usage: Required if “Other, specify” is selected for “Is one or more segment non-diagnostic? – Yes, indicate all that apply”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

333 **Colonic perforation**
Indicate whether colonic perforation was detected during the exam.

Usage: Required.

Permitted values:
- No
- Yes
334 Colonic perforation – Yes, select etiology of perforation
Indicate the etiology of the perforation.

Usage: Required if “Yes” is selected for “Colonic perforation”; disabled otherwise.

Permitted values:
- Obstruction
- Recent polypectomy
- Inflammatory bowel disease (IBD)
- Diverticulitis
- Prior surgery
- Rectal tube trauma
- Other, specify

335 Colonic perforation – Yes, select etiology of perforation – Other, specify
Indicate the etiology of the perforation, if not listed.

Usage: Required if “Other, specify” is selected for “Colonic perforation – Yes, select etiology of perforation”; disabled otherwise.

Permitted values: Combinations of 1 to 45 characters and spaces, with at least one character.

336 Likely location of perforation
Indicate the likely location of the perforation.

Usage: Required if “Yes, select etiology of perforation” is selected for “Colonic perforation”; disabled otherwise.

Permitted values:
- Intraperitoneal
- Extraperitoneal
- Uncertain

337 Symptomatic from perforation
Indicate whether the patient is symptomatic from the perforation.

Usage: Required if “Yes, select etiology of perforation” is selected for “Colonic perforation”; disabled otherwise.

Permitted values:
- No
- Yes
3. Exam Form

338 Clinically significant extracolonic finding(s) (not otherwise known based on the history provided or based on a prior imaging procedure at the institution)
Indicate whether clinically significant extracolonic findings were detected. For examples of clinically significant extracolonic findings, refer to Figure 3 in “CT colonography reporting and data system: a consensus proposal”, Zalis ME, Barish MA, Choi JR, et al. Radiology 2005; 236:3-9

Usage: Required.
Permitted values:
- No
- Yes

339 C Score
Indicate the C Score of the exam.

Usage: Optional.
Permitted values:
- C0 Inadequate study – poor prep (can’t exclude > 10 mm lesions)
- C1 Normal colon or benign lesions -- no polyps or polyps > 5mm -- benign lesions (lipomas, inverted diverticulum)
- C2 Intermediate polyp(s) or indeterminate lesion -- polyps 6-9 mm in size, < 3 in number -- indeterminate findings
- C3 Significant polyp(s), possibly advanced adenoma(s) -- polyps => 10 mm -- polyps 6-9 mm in size, => 3 in number
- C4 Colonic mass, likely malignant

340 Name of person who completed this paper form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.
Permitted values:
- Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’), provided the hyphen is not in the first or last position.
- An initial followed by a period.

341 Name of person who completed this paper form – Last name
Indicate the last name of the person who completed the paper form.

Usage: Required.
Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (’) is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
### 401 Facility ID number
Facility ID number is the number assigned to the facility by NRDR.

Usage: Populated automatically.

Permitted values: N/A

### 402 Registry case number
Registry case number is the number assigned to the case by NRDR.

Usage: Populated automatically.

Permitted values: N/A

### 403 Polyp size (5 occurrences)
Indicate the size of each polyp greater than or equal to 10 millimeters detected.

Usage: Optional.

Range: 10.0 – 99.9.

### 404 Location (5 occurrences)
Indicate the location of each polyp.

Usage: Required if a corresponding polyp size is entered; disabled otherwise.

Permitted values:
- Rectum
- Sigmoid
- Descending
- Transverse
- Ascending
- Cecum

### 405 Morphology (5 occurrences)
Indicate the morphology of each polyp.

Usage: Required if a corresponding polyp size is entered; disabled otherwise.

Permitted values:
- Sessile polyp
- Pedunculated polyp
- Flat lesion
- Probable cancer
### 4. Polyp/Lesion Form

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>406</td>
<td>Follow-up</td>
<td>Indicate whether patient was lost to follow-up, resulting in the inability to collect follow-up data.</td>
</tr>
<tr>
<td></td>
<td>Usage: Optional.</td>
<td>Permitted value:</td>
</tr>
<tr>
<td></td>
<td>• Patient lost to follow-up</td>
<td></td>
</tr>
<tr>
<td>407</td>
<td>Date of reference exam or confirming surgery</td>
<td>If a reference exam or confirming surgery was performed, indicate the date in mm/dd/yyyy format.</td>
</tr>
<tr>
<td></td>
<td>Usage: Disabled if “Patient lost to follow-up” is indicated; optional otherwise.</td>
<td>Range: Greater than or equal to “Date of exam” entered on the Case Registration Form, and less than or equal to the current date.</td>
</tr>
<tr>
<td>408</td>
<td>Did colonoscopy reach level of lesion? (5 occurrences)</td>
<td>Indicate whether the colonoscopy reached the level of the lesion.</td>
</tr>
<tr>
<td></td>
<td>Usage: Required if a date of confirming colonoscopy or surgery and a corresponding polyp size is entered; disabled otherwise.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
<td>• Not applicable – Surgery performed</td>
</tr>
<tr>
<td>409</td>
<td>Was polyp confirmed? (5 occurrences)</td>
<td>Indicate whether the colonoscopy or surgery confirmed the polyp. The polyp is considered confirmed if the colonoscopy or surgery determined the location to be in the same segment or in an adjacent segment as determined by the colonography exam, and the size to be within ±50%.</td>
</tr>
<tr>
<td></td>
<td>Usage: Required if “Yes” or “Not applicable – Surgery performed” was entered in response to “Did colonoscopy reach level of lesion?”; disabled otherwise.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permitted values:</td>
<td>• No</td>
</tr>
<tr>
<td></td>
<td>• Yes</td>
<td></td>
</tr>
</tbody>
</table>
410 Name of person who completed this form – First name
Indicate the first name of the person who completed the paper form.

Usage: Required.

Permitted values:
• Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (') is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
• An initial followed by a period.

411 Name of person who completed this form – Last name
Indicate the last name of the person who completed the paper form.

Usage: Required.

Permitted values: Combinations of letters and spaces between 2 and 45 characters long. An apostrophe (') is permitted in the second position. The combination may include one hyphen (-), provided the hyphen is not in the first or last position.
<table>
<thead>
<tr>
<th><strong>ACR</strong></th>
<th>American College of Radiology</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CT</strong></td>
<td>Computed Tomography</td>
</tr>
<tr>
<td><strong>CTC</strong></td>
<td>CT colonography</td>
</tr>
<tr>
<td><strong>CTDI_{vol}</strong></td>
<td>Volume CT dose index</td>
</tr>
<tr>
<td><strong>mGy</strong></td>
<td>milligrays</td>
</tr>
<tr>
<td><strong>N/A</strong></td>
<td>Not applicable</td>
</tr>
<tr>
<td><strong>NRDR</strong></td>
<td>National Radiology Data Registry</td>
</tr>
<tr>
<td><strong>SSN</strong></td>
<td>Social Security Number</td>
</tr>
</tbody>
</table>