

1. *Facility ID Number		2. *Registry Case Number	
3. *Examination Date	_____/_____/_____ (mm/dd/yyyy)		
Rescheduled Examination?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown		
Originally scheduled examination date	_____/_____/_____ (mm/dd/yyyy)		
Rescheduled reason:	<input type="radio"/> Patient (COVID/2019 coronavirus related) <input type="radio"/> Patient (Other) <input type="radio"/> Facility (COVID/2019 coronavirus related) <input type="radio"/> Facility (Other) <input type="radio"/> Unknown		
4. CTC Exam			
<b>A. General</b>			
*Type of Study	Select one: <input type="radio"/> Screening OPTIONAL <input type="radio"/> Average risk (includes failed OC for reasons unrelated to increased risk of cancer [tortuosity, diverticulosis]) <input type="radio"/> High risk without symptoms (family history, etc.) <input type="radio"/> Prior resected polyp <input type="radio"/> Diagnostic without contrast <sup>?</sup> OPTIONAL <input type="radio"/> Symptoms with increased risk of cancer or neoplasm (includes abnormal FIT test) <input type="radio"/> F/u of known unresected polyps <input type="radio"/> Diagnostic with contrast <sup>?</sup> OPTIONAL <input type="radio"/> Symptoms with increased risk of cancer or neoplasm <input type="radio"/> F/u of known unresected polyps		
*Interpreting Physician	_____		
Did technique meet ACR guidelines? <sup>?</sup>	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown <b>Note: If this question is answered, then the remaining fields in "Section A. General" are optional. Otherwise, they are required.</b>		
Referred from incomplete colonoscopy	<input type="radio"/> No <input type="radio"/> Yes		
CTDI <sub>vol</sub>	_____ (mGy) (Do not include scout/localizer)		
Supine Image Acquisition	<input type="radio"/> No <input type="radio"/> Yes		
Prone Image Acquisition	<input type="radio"/> No <input type="radio"/> Yes		
Decubitus Image Acquisition	<input type="radio"/> No <input type="radio"/> Yes, 1 view <input type="radio"/> Yes, 2 views		

\*Required field

B. Post Examination and Adverse Events					
*At least one polyp ≥ 10 mm	<input type="radio"/> No <input type="radio"/> Yes. Please select from below, if available:  <input type="radio"/> It is unknown whether an optical colonoscopy was performed (e.g., outside medical records not available) <input type="radio"/> Confirmed at optical colonoscopy or surgery Histopathology of polyp(s). Select all that apply: <input type="checkbox"/> Tubular adenoma <input type="checkbox"/> Hyperplastic polyp <input type="checkbox"/> Adenocarcinoma <input type="checkbox"/> Sessile serrated adenoma  <input type="checkbox"/> Other, specify: _____ (e.g., multiple polyps)  <input type="radio"/> Not seen at optical colonoscopy or confirming surgery <input type="radio"/> Optical colonoscopy or confirming surgery not performed				
*Colonic Perforation	<input type="radio"/> No <input type="radio"/> Yes, select etiology of perforation:  <input type="radio"/> Unknown <input type="radio"/> Preceding optical colonoscopy <input type="radio"/> Inflammatory bowel disease (IBD) <input type="radio"/> Diverticulitis <input type="radio"/> CTC rectal tube trauma  <input type="radio"/> Other, specify: _____				
E Score	<input type="radio"/> E0 Limited examination	<input type="radio"/> E1 Normal examination or anatomic variant	<input type="radio"/> E2 Clinically unimportant finding	<input type="radio"/> E3 Likely unimportant, incompletely characterized	<input type="radio"/> E4 Potentially important finding
C Score	<input type="radio"/> C0 Inadequate study --poor prep (can't exclude > 10 mm lesions)	<input type="radio"/> C1 Normal colon or benign lesions --no polyps or polyps > 5 mm --benign lesions (lipomas, inverted diverticulum)	<input type="radio"/> C2 Intermediate polyp(s) or indeterminate lesion --polyps 6-9 mm in size, < 3 in number --indeterminate findings	<input type="radio"/> C3 Significant polyp(s), possibly advanced adenoma(s) --polyps => 10 mm --polyps 6-9 mm in size, => 3 in number	<input type="radio"/> C4 Colonic mass, likely malignant

**\*Required field**

 **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 optical colonoscopy was declared failed due to a visualized stricture or mass.*

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 **Did technique meet ACR guidelines?**

American College of Radiology. ACR-SAR-SCBT-MR Practice Parameter for Performing and Interpreting Diagnostic Computed Tomography (CT). 2019; Available at: <https://www.acr.org/-/media/ACR/Files/Practice-Parameters/CT-Colonog.pdf>. Accessed January 28, 2020.