



Participant ID #:   
Acrostic:   
Technician ID:   
Date:  /  /   
Month Day Year

**SECTION A**

1. Did participant consent to the lung CT?

- Yes —————> **Continue**
- No —————> **STOP.** Do not perform any CT scan. End of CT component of study visit.

2. Did participant consent to contrast?

- Yes —————> **Continue**
- No —————> Participant not eligible for contrast CT protocol. **Skip to Question 5.**

3. Have you ever had an allergic reaction to dye or contrast given as part of a CT scan (via an IV)?

- No —————> **Continue**
- Yes —————> Participant not eligible for contrast CT protocol. **Skip to Question 5.**

4. Do you have a large metal object in your chest (e.g., pacemaker, implantable cardiac defibrillator [ICD])\*?

*\* metal stents and metal cardiac valves are NOT an exclusion; answer 'no' for these.*

- No —————> **Continue**
- Yes —————> Participant not eligible for contrast CT protocol. **Skip to Question 5.**

5. Is participant eligible for contrast CT protocol?

- Yes, pending creatinine measurement —————> **Proceed to Contrast CT Completion Form.**
- No —————> **Proceed to Non-Contrast CT Completion Form.**