

Additional instructions for completing forms

Conventional Imaging Form Guidance

The conventional imaging form is used to record what conventional imaging patients have during their staging. This includes conventional biopsy techniques.

Completing the form

- This form should be submitted after all conventional imaging has been completed.
- Only include imaging that has been done as part of conventional pathway.

Specific Fields

- *Conventional tests performed*
 - *Other please state*
 - If imaging test not listed please state in box provided.
- *Metastatic disease reported (if applicable) ie M1a or M1b? Y/N/Equiv*
 - If one organ site is Y (metastatic disease present) and one is Equivocal, please put Y in this column and list sites detailing (Y) or (E) in the next column titled 'If yes equivocal state ALL organ sites'.
- *If yes or equivocal state ALL organ sites– If yes present add (Y) or if equivocal add (E)*
 - If metastatic or equivocal disease reported from a conventional imaging test please indicate ALL organ sites.

**If you have any questions about how to complete this form please contact the Streamline L Trial Coordinator on:
020 7679 9891**

Streamline L

Streamlining Staging of Lung Cancer with Whole Body MRI

CASE REPORT FORMS

4. CONVENTIONAL IMAGING FORM

Patient Initials	<input type="text"/> <input type="text"/> <input type="text"/>
Trial Number	<input type="text" value="S"/> <input type="text" value="T"/> <input type="text" value="L"/> – <input type="text"/> <input type="text"/> <input type="text"/>

Please send ORIGINAL forms to:

Streamline L Trial Coordinator
CR UK & UCL Cancer Trials Centre
90 Tottenham Court Road
London W1T 4TJ

General enquires: **020 7679 9891**

Telephone Registration: **020 7679 9880** *(between 9.00am and 5.00pm)*

Fax Registration: **020 7679 9871**

E-mail: **CTC.streamlineC@ucl.ac.uk**

Streamline L

 Trial
Number

S	T	L	—			
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 Patient
Initials

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FORM 4

Site

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Conventional Imaging Form 1/1

Conventional Imaging Performed Only

Conventional tests performed	Y/N	Date Requested (DD/MM/YYYY)	Date Performed (DD/MM/YYYY)	N stage (if applicable)	Metastatic disease reported? (if applicable) Y/N/Equiv	If yes or equivocal metastatic disease state ALL organ sites (E.g. Liver, lung, adrenal) If yes present add (Y), If equivocal add (E)
<i>Example</i>	Y	14/12/2012	19/12/2012	1	<i>Equiv</i>	<i>Liver (E)</i>
CT neck, chest and abdomen						
CT Chest						
CT Abdomen and pelvis						
CT Chest and abdomen						
CT Chest abdomen and pelvis						
PET CT						
CT Head						
MRI Head						
TBNA						
EBUS-TBNA						
EUS						
Bronchial biopsy						
Bone scan						
Peripheral biopsy (state technique e.g. CT guided biopsy) and site-						
Other- Please state-						

*If metastatic disease present (or equivocal), please complete next table, on the 'Conventional Imaging Disease Site Form'.

Other Important Findings e.g. 2nd primary tumour

Completed by:

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Signature:

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CRFs should only be completed by appropriately qualified personnel detailed on the site delegation log

Date completed:

D	D	M	M	Y	Y	Y	Y

Please return to: **Streamline L** Trial Coordinator, CR UK & UCL Cancer Trials Centre, 90 Tottenham Court Road, London, W1T 4TJ
 CRF Template V1- 19 Oct 2010 Modified for **Streamline L** on 03/07/14 v3.0

For Office use only

Date form received: _____

Date form entered: _____

Initials: _____