LOGO Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MRN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LDCT Eligibility Consent

I acknowledge that I:

* Am between the ages of 55 and 77 years old Age\_\_\_\_\_\_\_\_
* Have at least a 30-pack year history Number of pack years\_\_\_\_\_\_\_\_\_\_
* Am a current smoker and I have been offered information on available smoking cessation programs

OR

* Have quit smoking within the last 15 years and how long ago\_\_\_\_\_\_\_\_\_\_\_\_
* Have not received treatment or had any evidence of any cancer other than non-melanoma of the skin in the past 5 years
* Do not have a personal history of lung cancer or any signs or symptoms of lung cancer
* Have not had recent hemoptysis (coughing or spitting up blood)
* Do not have history of removal of any portion of the lung, excluding needle biopsy
* Do not require home oxygen supplementation
* Am not participating in a cancer prevention study, other than a smoking cessation study
* Have not had pneumonia or acute respiratory infection treated with antibiotics in the past 12 weeks
* Have not had unexplained weight loss of more than 15 pounds in the past 12 months
	+ Height:\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_

Technologist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scan Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reading Radiologist Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ordering Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ordering Provider NPI#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Screening Dates: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ Initial Screen 2nd 3rd  4th 5th 6th 7th

I acknowledge that I have answered the above questions truthfully to the best of my knowledge. By participating in the St. Anthony Regional Hospital lung screening program, I acknowledge that it is a screening exam, not a medical exam, and the results do not in any way constitute a medical diagnosis. For a diagnosis of a medical problem, I must see a doctor for a complete exam. I hereby release St. Anthony Regional Hospital and any organization involved in this screening program and their agents from all liabilities, medical claims or expenses which may arise from my participation. I understand it is my responsibility and not that of the screening team or St. Anthony Regional Hospital to follow up with my own doctor for further evaluation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Patient may no longer be eligible if patient ages out, has quit smoking for more than 15 years, or has a positive screening.