



CT IMAGE ACQUISITION FORM FOR FOLLOW-UP

ID NUMBER:

FORM CODE: CTF
VERSION: 2.0 12/22/2017

Event: _____

0a) Date of Collection / /

0b) Staff Code

Instructions: Please capture the CT date on this form so that it can be double checked against the date entered into the Imaging Reading Centers database.

1) Date of CT Scan / /

END OF FORM