Affix Patient Label Name: Date of Birth Sx /CHI Number		

Case recalled by:	*Please tick*
First Reader	
Second Reader	

Reader initials:	Trial ID:

Screen films:	*Please circle*
Analogue (1)	Digital
(2) Assessment	

Date:

Mark ALL lesions on diagram with a number (1,2,3) Primary lesion, that initiated recall, is 1
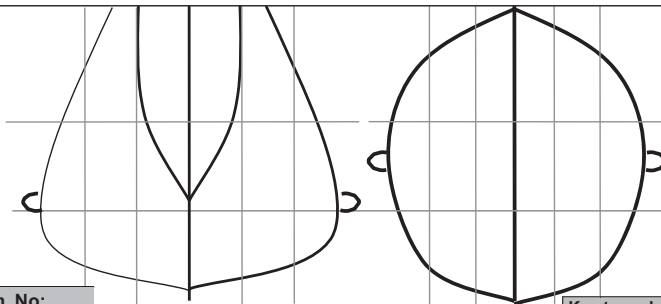
Please complete separate form for EACH lesion and staple the forms together

Are you completing this form with knowledge of pathology from biopsy ?
YES (1)   NO (2)

Lesion No:		Sign 0 - 5	Suspicion 1 - 5	Conspicuity 0-3	
Screen Films	MLO				
	CC				
Assess. Clinic	2D MLO				
	2D CC				Slice No ↓
	DBT MLO				
	DBT CC				

Key to code numbers		
Sign	0	None
	1	Circumscribed Mass
	2	Spiculated Mass
	3	Micro-calcification
	4	Distortion
	5	ASD
Suspicion	1	Normal
	2	Benign
	3	Probably Benign
	4	Suspicious
	5	Malignant
Conspicuity	0	Not visible
	1	Barely visible
	2	Visible, not well seen
	3	Clearly visible

DBT vs 2D *Please tick*		
	-2	DBT much poorer than 2D
	-1	DBT slightly poorer than 2D
	0	DBT equal to 2D
	+1	DBT slightly better than 2D
	+2	DBT much better than 2D

Additional information from DBT *Tick all that apply*	
1	Lesion visibility
2	Lesion extent
3	Lesion characteristics
4	Discrimination benign vs malignant
5	Other (please write comment)

DENSITY: please mark visual estimate of breast density on the line

0   100%

Additional comments:

Biopsy (1)/ No biopsy(0) *(please circle)*   Biopsy score *(if known*