

Affix Patient Label

Name _____

Screening /CHI Number _____

Reader 1	
Reader 2	
Arbitration	

Reader initials: _____

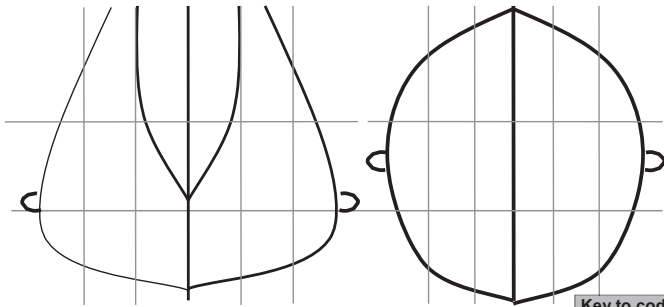
Trial ID: _____

Screening Date: _____

Prior films: *Please circle*

Analogue (1) Digital (2) None (3)
 Prior films: *Please circle*

Mark ALL lesions on diagram with a number (1,2,3). Primary lesion, that initiates recall, is 1



Please complete a separate form for EACH lesion and staple together

Lesion No:	Sign 0 - 5	Suspicion 1 - 5	Conspicuity 0-3	Slice No ↓
2D MLO				
2D CC				
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		
<input type="checkbox"/>	-2	DBT much poorer than 2D
<input type="checkbox"/>	-1	DBT slightly poorer than 2D
<input type="checkbox"/>	0	DBT equal to 2D
<input type="checkbox"/>	+1	DBT slightly better than 2D
<input type="checkbox"/>	+2	DBT much better than 2D

Additional comments:

Additional information from DBT (tick all that apply)	
<input type="checkbox"/>	1 Lesion visibility
<input type="checkbox"/>	2 Lesion extent
<input type="checkbox"/>	3 Lesion characterisation
<input type="checkbox"/>	4 Discrimination benign vs malignant
<input type="checkbox"/>	5 Other (please write comment)

Density Please mark visual estimate of breast density on the line _____
 0 _____ 100%

Please circle:
RECALL (1) / NO RECALL (2)