

PATIENT NAME: [patient name]

EXAM DATE: [exam date] **AGE:** [age] **SEX:** [sex] **I.D.#:** [patient I.D.]

CT CHEST LOW DOSE W/O	Cancer Screening, history of smoking, smoker, asymptomatic
CONSENT FORMS	Consent Form Pregnancy Status Form (female patients)
ORAL CONTRAST	NONE
IV CONTRAST	NONE
POSITIONING	SUPINE; FEET FIRST; ARMS UP & OUT OF WAY; INSPIRATION BREATH-HOLD CENTER AT STERNAL NOTCH
SCOUT	S 60/I 300, 120 KVP @ 10 MA, AP & LAT
TECHNIQUE - 16 SLICE	HELICAL; 2.5 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 80 MA, .5 sec, 40% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LGE BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED.
TECHNIQUE - 64 SLICE	HELICAL: 2.5 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 80 MA- 40% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LG BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED.
TECHNIQUE - 128 SLICE	HELICAL; 0.625 MM, STD W400/L40, PITCH 1.375:1 KVP 120 @ 50 MA, 0% ASIR CTDIvol \leq 3mGy FOR STANDARD SIZE PTS (5'7" & 154 lbs). ABOVE 250 LBS - INCREASE TECHNIQUE A LITTLE ABOVE 3mGy. SFOV - LG BODY/DFOV - FIT TO ANATOMY SCAN FROM APEX TO NO MORE THAN 2 CM BELOW THE COSTOPHRENIC SULCU. ADRENALS DO NOT NEED TO BE IMAGED

RECONS	0.625MM, STD W1400/L-600 (DMPR) 1.25 MM, LUNG W1400/L-600 16 SLICE: 1.25 MM/INT 0.625, STD W400/L40 128 SLICE: 2.5 MM, STD W400/L40
REFORMATIONS	MIP LUNG AX- MIP THICKNESS 6MM X 3MM SPACING, STD W1400/L-600 COR & SAG AVG 2.5MM STD W400/L40
PACS	SCOUT 1.25 MM – LD LUNG 2.5 MM - LD STD AX LUNG MIP CHEST COR & CHEST SAG
CHARGE	CT CHEST SCREENING FOR LUNG NODULE
REMARKS	Recommended Screening Population: Majority of patients screened are between 50 and 80 years of age. Have a smoking history of 20 pack years (1 pack per day for 20 years or 2 packs per day for 10 years). If no longer smoking, stopped smoking in the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery. FOLLOW-UP: Lung nodule found on a "low dose" should have followup done as a "low dose".