

## Lung Cancer Surgery - RADIOLOGY MANAGEMENT

Instructions:

i) Where check boxes  are provided, check  one or more boxes. Where radio buttons  are provided, check  one box only.

ii) Red asterisk (\*) indicates the field is mandatory and must be filled.

RADIOLOGY					
1 *	<b>Reporting Centre</b>				
2	<b>Department</b>				
3 *	<b>Report Date</b>				
4 *	<b>Consultant / Radiologist Name</b>				
5 *	<b>CXR</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
	i <b>Date</b>				
6 *	<b>CT Scan</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
	i <b>Date</b>				
	ii <b>Stage</b>	<b>Prognostic Group (TNM value)</b>		<b>Radiological Staging</b>	
7 *	<b>PET Scan</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
	i <b>Date</b>				
	ii <b>Stage</b>	<b>Prognostic Group (TNM value)</b>		<b>Radiological Staging</b>	
8 *	<b>MRI</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
	i <b>Date</b>				
9 *	<b>Ultrasound</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available			
	i <b>Date</b>				
10 *	<b>Final Radiological Staging</b>	<b>T</b>		<b>N</b>	
11	<b>Comments</b>				