

National Lung Screening Trial / Lung Screening Study (NLST/LSS)

CANCER NOTIFICATION FORM (CNF)

ADMINISTRATIVE SECTION

Screening Center ID: |_|_|_|
 Screening Center Staff ID: |_|_|_|_|_|_|_|_|_|
 Study Year: T |_|_|

Initials Complete: _____
 Initials QC: _____

Participant ID Label

PART A. CANCER INFORMATION

1. TYPE/SITE OF CANCER

A. _____
 B. _____
 C. _____

2. DATE REPORTED

A. |_|_|-|_|_|-|_|_|_|_|
 B. |_|_|-|_|_|-|_|_|_|_|
 C. |_|_|-|_|_|-|_|_|_|_|

3. SOURCE OF INFORMATION

A. 1 2 3 4 5 6

 (Specify)
 B. 1 2 3 4 5 6

 (Specify)
 C. 1 2 3 4 5 6

 (Specify)

SOURCE CODES

- | | | |
|--------------------------------|-------------------------|----------------------|
| 1. Participant | 3. Health care provider | 5. Death certificate |
| 2. Relative, spouse, or friend | 4. Medical records | 6. Other (SPECIFY) |