### ACRIN NLST 6654 Diagnostic Evaluation Form

**Institution No.**
**Case No.**
**Participant Initials**

**F1/F2 Interval:**  
- 20 to - 20 (mm-dd-20yy)

| 1. Cancer Diagnosis, NON-Lung Primary | [ ] No | [ ] Yes | Topography | Morphology | Behavior | Grade | Date of Diagnosis:  
- 20 |
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<thead>
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</thead>
<tbody>
<tr>
<td>2. Is this cancer metastatic to lung?</td>
<td>[ ] No</td>
<td>[ ] Yes</td>
<td></td>
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</tr>
</tbody>
</table>

3. Was there an additional non-lung primary cancer diagnosis during this F1/F2 Interval?  
[ ] No  
[ ] Yes (Complete an additional ZY)

4. Were the medical records for the ZY Form for this F1/F2 Interval complete?  
[ ] No (Complete an additional records request)  
[ ] Yes

5. [ ] This form was created in error and should be deleted and all information should be ignored?  
[ ] = marked, [ ] = not marked

5a. Reason for form deletion: *(choose only one)*  
[ ] 01 Query response  
[ ] 02 Data entry error correction  
[ ] 03 Audit QC Finding correction  
[ ] 04 Site revision

**Comments:**

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

__________________________  ____________________________  ____________________________
CTR Coder ID  CTR Coder Signature  Date Form Completed (mm-dd-20yy)

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