

CT IMAGE ACQUISITION FORM

ID NUMBER:

FORM CODE: CTA
VERSION: 1.0 02/24/2021

Event: _____

0a) Date of Collection: / /

0b) Staff Code:

Instructions: Please capture the CT date on this form so that it can be double checked against the date entered into the Imaging Reading Center's database.

1) Date of CT Scan: / /

END OF FORM